



# Diversa Group Salary Continuance Pool

ARSN 149 439 681

## General Memberships

This Product Disclosure Statement describes the features and benefits of the Diversa Group Salary Continuance Pool. It will help you decide whether this product will meet your needs and might also help you compare our product with others you are considering.

The information in this Product Disclosure Statement is general information only and does not take into account your personal objectives, financial situation or particular needs. You should obtain financial advice tailored to your personal circumstances before making a decision.

**If you have any queries or would like further information, including obtaining a copy of this Product Disclosure Statement, you can contact us at:**

Diversa Insurance Limited  
PO Box 3135  
Willoughby North NSW 2068  
T (02) 9924 6599  
E [admin@diversainsurance.com.au](mailto:admin@diversainsurance.com.au)  
W [www.diversainsurance.com.au](http://www.diversainsurance.com.au)

Product Disclosure Statement  
Issue Number 4  
Dated 1 November 2023  
Issued by Diversa Insurance Limited  
ABN 77 107 165 962  
AFSL No. 273321

## Important Notes

General memberships are a distinct class of membership within the Diversa Group Salary Continuance Pool – a managed investment scheme that is registered with the Australian Securities and Investments Commission (ASIC). In this Product Disclosure Statement (PDS) 'Diversa Group Salary Continuance Pool' or 'Pool' means Diversa Group Salary Continuance Pool General memberships.

References in this PDS to 'we', 'us', 'our', 'Diversa Insurance' or 'Diversa' are to Diversa Insurance Limited as:

- responsible entity (RE) of the Pool;
- the issuer of this PDS and interests in the Pool.

Where certain words have a specific meaning as defined in the Policy, those words will have the same meaning in this PDS.

An application for insurance as described in this PDS must be made on the application form provided. Your application is subject to acceptance by the Insurer, who may accept or decline it or accept it subject to conditions.

## Who is the Issuer?

The issuer of this product is Diversa Insurance Limited ABN 77 107 165 962, AFSL 273321 (Diversa).

### About Diversa Insurance

Diversa Insurance Limited is a specialist financial services business that has been the RE and Issuer of the Pool since 2011. Diversa's management has over 100 years' collective experience across trusteeship, fund administration, accounting, insurance and compliance roles within the financial services industry.

## Who is the Insurer?

The Insurer for the Pool is AIA Australia Limited ABN 79 004 837 861, AFSL 230043 (AIA Australia).

### About AIA Australia

AIA Australia is a Life and Health Insurer, with over 50 years' experience in Life Insurance, with more than 5.7 million Australian customers. Their vision is to make Australia one of the healthiest and best protected nations in the world.

AIA Australia is dedicated to helping Australians protect what they value most by offering market-leading products and services that match each stage of their health and wellbeing journey. They work closely with their partners to deliver real and relevant insurance products – providing true value to their customers, partners, and society.

AIA Australia is a privately owned company. Their ultimate parent company is AIA Group Limited, a Hong Kong incorporated company. AIA Group Limited, was publicly listed on the Hong Kong Stock Exchange in October 2010.

AIA Australia is licensed and regulated by the Australian Prudential Regulation Authority (APRA).

## Who is the Custodian?

The custodian for the Pool is The Trust Company (Australia) Limited AFSL No. 235145 (Trust Co). The role of the custodian is to hold the assets of the Pool in safe keeping. Pool assets are held separately by Trust Co from the assets of Diversa.

### About Trust Co

Trust Co is a specialist custodian and a wholly owned subsidiary of Perpetual Limited, a publicly listed company. Established in 1885, Perpetual Limited is one of Australia's oldest and largest trustee organisations.

## Consent

AIA Australia and Trust Co have given their consent to the inclusion of the statements above in the form and context in which they are named and appear. Neither AIA Australia nor Trust Co, take any responsibility for the issue of this PDS or for any statements contained in this PDS other than the statements above.

## Definitions

**'Diversa'** means Diversa Insurance Limited.

**'Insurer'** means the life insurance company that has issued the Policy to Diversa and as Diversa may appoint from time to time.

**'Insured Person'** means a person who is insured under the Policy by virtue of being a Member of the Pool or a member of a superannuation fund, the trustee of which participates in this Pool, or an employee of an employer that participates in this Pool or a member of an association that participates in this Pool or any other person whom Diversa decides shall become an Insured Person under the Policy and Insured Persons has a corresponding meaning.

**'Member'** means all participating employers, participating individuals, participating trustees and any other person who becomes a participant in the Pool (including industry or professional associations).

**'Policy'** means the group salary continuance insurance policy issued by the Insurer to Diversa that provides for the insured benefits of the Pool.

**'Policy Terms'** means the terms and conditions of the Policy as in force and amended from time to time.

**'Pool'** means the Diversa Group Salary Continuance Pool.

**'premium', 'premiums'** means the amount of money that is payable in respect of the Insured Person to obtain the benefit of the insurance via the Pool.

**'Sum Insured'** refers to the amount that an Insured Person is insured for via the Pool.

**'you', 'your'** means the Insured Person and if the context requires, where cover is affected by an employer, that employer, or if cover is affected by the trustee of a superannuation fund, that trustee or if the cover is affected by an industry or professional association, that association.

**'we', 'us', 'our', 'RE', 'Diversa' or 'Diversa Insurance'** means Diversa Insurance Limited the responsible entity of the Pool.

### Other important notes

The insurance contract ('Policy') issued by the Insurer to us contains the full terms, conditions, exclusions and limitations of the insurance issued by the Insurer to us. In the event of any inconsistency between the Policy and this PDS, the Policy will prevail.

Neither you nor the Insured Persons have any rights of ownership, participation or rights to amend vary or cancel the Policy. In addition, no Insured Person has any right to claim under the Policy. We as Responsible Entity of the Pool are the policy holder and only we may make any claims under the Policy.

If you are an Insured Person gaining the benefit of insurance via the Pool and have not become a Member in your own right, certain provisions of the Pool's constitution are not relevant to you. For example, you cannot attend Member meetings.

We recommend you seek financial advice before making a decision to obtain insurance via the Pool. If you don't have a financial adviser, we can put you in contact with someone who can help.

We may update this PDS (including terms and features of the Pool) with changes that are not materially adverse without issuing a supplementary PDS. The PDS and updated information will be available on our website and you can obtain a paper copy free of charge from us on request. If we become aware of changes that are materially adverse, we will either issue a supplementary PDS or replace this one. If any new or increased fees or charges are to be introduced, we will give you at least 30 days' prior written notice.

Contact us or visit our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au) for up-to-date information about the Pool. You can obtain a copy of the most recent target market determination for this product from our website, to help you decide if this product is right for you.

This PDS can only be used by people receiving it (including electronically) in Australia.

All amounts in this PDS are in Australian dollars and all times quoted are Sydney time. A business day is a working day for Diversa in Sydney. We do not guarantee the payment of any benefit or Sum Insured or the return of any money.

# Diversa Group Salary Continuance Pool

---

<b>CONTENTS</b>	<b>Page</b>
<b>Diversa Group Salary Continuance Pool at a glance</b>	<b>5</b>
<b>Section 1 – General Information</b>	<b>7</b>
About Group Salary Continuance Insurance	7
About the Diversa Group Salary Continuance Pool	7
Membership of the Pool	8
Individual Membership and Cover	8
Superannuation Trustee Membership and Cover	9
Employer (and Industry / Professional Association) Membership and Cover	10
<b>Section 2 – Insured Benefits Available</b>	<b>11</b>
Total Disability	11
Partial Disability	11
Accident Cover during Underwriting	11
Death Benefit Whilst on Claim	12
Return to work during waiting Period	12
Approved Rehabilitation Benefit	12
Waiver of Premium	12
Recurrent Disability	12
Benefit Indexation Whilst on Claim	12
Approved Rehabilitation Benefit	12
Benefit Indexation each Year	12
Super Contribution Benefit	13
Own Occupation Definition	13
Home Care Benefit	13
Nursing Care Benefit	14
Medical Catastrophe Benefit	14
Specific Injury Benefit	14
When Your Cover Starts and Ceases	15
Who We Pay	15
Eligibility and Restrictions	16
<b>Section 3 – Fees and Other Costs</b>	<b>18</b>
<b>Section 4 – Other Information</b>	<b>22</b>
Important information	22
How to Apply	22
Privacy	24
Key Policy Definitions	26
Application Checklist	30
Application Form – Individuals	31
Application Form – Employers and Associations	36
Application Form – Self Managed Superannuation Funds	41

## Diversa Group Salary Continuance Pool

### Diversa Group Salary Continuance Pool General Membership at a glance

#### General

<b>Product Description</b>	<p>The Pool pays an income stream of up to 75% of the Insured Person's Monthly Income on the Total or Partial Disability of an Insured Person. Superannuation contributions can also be insured in addition to salary, up to a maximum of 15% of Monthly Income.</p> <p>The benefit is paid from the day after the selected Waiting Period has expired until either the Insured Person has returned to work or the end of the selected Benefit Period, whichever is sooner.</p>
<b>Main Benefits</b>	<ul style="list-style-type: none"> <li>• <b>Total Disability</b> – an income stream paid on the total disablement of the Insured Person.</li> <li>• <b>Partial Disability</b> – a reduced income stream paid where the Insured Person is only able to earn a portion of their pre-disablement income.</li> <li>• <b>Death whilst on claim</b> – a lump sum payment of 3 times the Monthly Benefit upon the death of the Insured Person whilst they are in receipt of salary continuance benefits.</li> <li>• <b>Accident Cover</b> – salary continuance for accidental disablement for up to 90 days while a person is being underwritten.</li> <li>• <b>Payment Indexation</b> – Salary continuance benefits paid for longer than 12 months are indexed each year by up to 7.5% to allow for inflation.</li> <li>• <b>Return to work during Waiting Period</b> – An Insured Person may return to full time work for up to 10% of their Waiting Period, without the Waiting Period restarting.</li> </ul>
<b>Waiting and Benefit Periods</b>	<p>Available Waiting Periods are:</p> <ul style="list-style-type: none"> <li>• 30, 60, 90 or 180 days. (180 day waiting period is not available for employer and industry association plans.)</li> </ul> <p>Available benefit payment periods are:</p> <ul style="list-style-type: none"> <li>• 2 years, 5 years and to age 65.</li> </ul>
<b>Ancillary Benefits</b>	<ul style="list-style-type: none"> <li>• <b>Approved Rehabilitation Benefit</b> – an amount paid, at the discretion of the Insurer, towards the cost of a rehabilitation program to assist the Insured Person to return to work.</li> <li>• <b>Recurrent Disability Benefit</b> – No Waiting Period applies where the same disability recurs within 6 months of returning to work full time.</li> <li>• <b>Waiver of Premium</b> – No Premiums are payable while an Insured Person is receiving benefit payments.</li> <li>• <b>Benefit Indexation (optional)</b> – Your insured benefit can be indexed annually to keep pace with inflation.</li> <li>• <b>Employer Super Contribution Benefit</b> – An optional additional benefit that provides for superannuation contributions to be paid, of up to 15% of an Insured Person's Monthly Income.</li> </ul>
<b>Eligible Entry Ages</b>	You must be aged between 15 and 63 and working at least 15 hours per week to be eligible for cover.
<b>Expiry Age</b>	Cover and benefit payments cease when you reach age 65.
<b>Membership Types</b>	<p>There are 3 types of Pool memberships available:</p> <ul style="list-style-type: none"> <li>• Individuals;</li> <li>• Self-managed super funds (SMSFs);</li> <li>• Groups (Employers, Industry and Professional associations)</li> </ul>
<b>Automatic Cover</b>	Automatic cover is available for employer sponsored groups and industry/professional associations by arrangement with us.
<b>Underwritten Cover</b>	Individual members can obtain cover by providing medical and personal information (by being underwritten by the Insurer).
<b>Maximum Cover</b>	A maximum Monthly Benefit of \$30,000 applies.
<b>How Premiums are calculated</b>	<p>Premiums are calculated based on a number of factors including:</p> <ul style="list-style-type: none"> <li>• Whether cover is provided on an individual basis or as part of a group;</li> <li>• Current age, occupation, gender, smoking status, premium payment frequency, state of residence;</li> <li>• Personal pastimes and state of health;</li> <li>• Waiting Period and Benefit Payment Period selected;</li> <li>• Level of cover.</li> </ul>
<b>Exclusions / Limitations</b>	There are some situations where benefits will be restricted or will not be paid. Refer to page 16 for details.

## Diversa Group Salary Continuance Pool

---

### Superannuation Funds

<b>Membership Eligibility</b>	<ul style="list-style-type: none"><li>• Self-managed super funds</li></ul>
<b>Automatic Cover</b>	<ul style="list-style-type: none"><li>• Not Available</li></ul>
<b>Transfer of Cover</b>	Individuals and SMSF members can elect to transfer other existing insurance cover to the Pool if you are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy.

### Employer Groups and Industry and Professional Associations

<b>Membership Eligibility</b>	Small, medium and large employers. Industry and Professional Associations.
<b>Automatic Cover for Groups</b>	<ul style="list-style-type: none"><li>• We can design automatic cover that is tailored for employers and their employees and associations and their members (requires a minimum of 10 Insured Persons).</li><li>• Take advantage of 'standard' corporate group automatic acceptance levels without the need for underwriting.</li></ul>
<b>Group takeover terms</b>	Terms can be negotiated for the takeover of existing group insurance arrangements.

# Diversa Group Salary Continuance Pool

## Section 1 – General Information

**This Product Disclosure Statement contains important information about the Diversa Group Salary Continuance Pool and it will help you to:**

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

### Important Notice

**The Diversa Group Salary Continuance Pool is not an investment or a savings plan. The purpose of this product is to provide an income stream in the event of Partial or Total Disability. If you terminate your membership of this Pool at any time, you will not get anything back apart from any pro-rata refund of annual premiums paid.**

### About Group Salary Continuance Insurance

Salary continuance insurance is a very important part of your financial planning. Your income is one of your most valuable assets. Without it even basic living expenses can't be met without eating into your savings. That's why insuring your income with salary continuance insurance is vital to ensuring financial security should you become partially or totally disabled.

Group Salary Continuance Insurance protects you 24 hours a day, anywhere in the world. It allows employers to provide a safety net for their employees and can help them become an employer of choice in a competitive business environment. Employer funded salary continuance insurance also helps to remove the moral hazard that can exist where having an employee who is not able to work is negatively impacting the business.

For superannuation trustees it allows them to offer their members a comprehensive range of superannuation benefits.

The nature of group insurance cover means that premium rates are generally cheaper than individual retail insurance premium rates, and so obtaining cover via a group insurance facility can prove very cost effective.

### About the Diversa Group Salary Continuance Pool

The Diversa Group Salary Continuance Pool operates as a registered managed investment scheme. It is registered with the Australian Securities & Investments Commission (ASIC) and its operation is governed by the Corporations Act.

Originally established in 1994, the Pool is a trust structure that provides insured benefits to Members under a Policy issued to Diversa as responsible entity of the Pool by the Insurer.

The Diversa Group Salary Continuance Pool is not an investment or a savings plan. The value of a Member's interest in the Pool is limited to the amount paid (if any) by the Insurer following a claim.

The Pool provides a range of insurance options designed to help you make sure you have the right level of cover for your personal circumstances or those of your employees or members.

Obtaining salary continuance insurance through the Pool has a number of benefits including for:

### Individual members and members of a SMSF

- Monthly payments that replace your income if you suffer Total or Partial Disability (refer to "Eligibility and Restrictions" at page 16);
- Annual indexation of benefit payments to keep pace with inflation;
- The ability to choose from a range of Waiting and Benefit Payment Periods to suit your needs;
- Competitive Premium rates;
- Own Occupation definition of 'Disability' for Professional and White Collar occupations (not available to members of SMSFs); and
- Optional extras including:
  - Superannuation contributions cover;
  - Annual indexation of your insured income; and
  - Transfer existing cover to the Pool.

### Employer group (and Industry/Professional Association) members

- Ensuring you remain an employer of choice by providing a competitive package of insurance benefits for your employees;
- Providing additional membership benefits for your association;
- Automatic cover with no underwriting under a tailored arrangement for Members depending on their circumstances;
- Competitive corporate Premium rates for Members with 10 or more Insured Persons;
- Continuation of insurance cover for Insured Persons if they leave the employer/association Member; and
- Takeover terms for existing externally insured groups.

## Diversa Group Salary Continuance Pool

### Membership of the Pool

There are three types of membership of the Pool:

- Individual;
- Superannuation trustee (SMSFs); and
- Employer (including Industry/Professional Associations).

Membership of the Pool costs \$1, which is included as part of the first premium paid by a Member when they join.

Upon acceptance of your application for membership and payment of the premium, you agree to be bound by the terms of the constitution (trust deed) and Policy of the Pool. Contact us if you would like to view a copy of the constitution.

Superannuation fund trustee Members may either be corporate trustees or individuals in the case of an SMSF. Employer Members may be corporate entities, partnerships, associations or individuals as the case may be.

Members are responsible for ensuring that all premiums are paid when they are due, otherwise insurance cover and membership will cease.

Only a Member can make a claim for payment of a benefit directly from the Pool. If an Insured Person is not a Pool Member, (e.g. an employee of an employer Member), they can only make a claim via the Pool Member (i.e. their employer or association).

Neither Members nor the Insured Persons have any rights of ownership, participation or rights to amend vary or cancel the Policy.

### Individual Membership and Cover

#### How does it work?

Individual Members who are 63 years old or less are able to apply for cover via the Pool (subject to the conditions referred to below) in the event of their Total or Partial Disability. You can select the level of income replacement cover you need (subject to a maximum of 75% of your Monthly Income) as well as the Waiting Period and Benefit Payment Period.

You will need to be underwritten for cover meaning that you will need to provide the Insurer with a range of medical and personal information. This could include a medical examination, blood tests and financial information.

#### Transfer cover

You can elect to transfer other existing income protection cover to the Pool if you are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy.

The transfer of other existing cover is subject to meeting the following criteria. You must:

- (a) Be transferring other life insurance cover from either:
  - i. an Australian group insurance policy held with another superannuation fund, or

- ii. from an Australian retail insurance policy that was underwritten in the past 5 years, and
- (b) Be aged less than 65 on the date you applied for the transfer; and
- (c) Not be working in an Excluded Occupation or undertaking any duties of an Excluded Occupation; and
- (d) Cancel the other existing insurance cover on the date of cover commencing in the Pool, and not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option under the other policy; and
- (e) Provide evidence to the Insurer's satisfaction of the other insurance cover you hold. The evidence must be dated within the previous 60 days. If the cover was underwritten, it must show when cover was accepted and that no restrictions apply;
- (f) Not transfer cover that is subject to any restrictions in regards to medical or other conditions, such as an exclusions, premium loading or pre-existing condition exclusion; and
- (g) Satisfactorily complete the Insurer's Transfer of Cover Application Form. This form must be received by us within 31 days of being signed and dated

Where all of the above requirements are met, the insured cover will be:

- i. For the same Waiting Period as the other life insurance cover. If the same Waiting Period is not available under the Policy, the next higher Waiting Period under the Policy will apply, and
- ii. For the same Benefit Period as the other life insurance cover. If the same Benefit Period is not available under the Policy, the next lower Benefit Period under the Policy will apply, and
- iii. For the same amount as the other life insurance cover, subject to the total insured cover not exceeding a Monthly Benefit of \$15,000 per month after transfer (i.e. insured cover prior to transfer plus the transferred cover).

The Insured Cover will commence on the date the Insurer accepts the Transfer of Cover Application Form. The transfer of cover will not be considered to have occurred and a new Transfer of Cover Application Form required if the Premium is not paid within 60 days of the date they accept the Transfer of Cover Application Form.

Where any of the above requirements are not met, the transfer of other insurance cover will be deemed to have been unsuccessful and any Premium paid in relation to it will be refunded.

Note, no claim will be considered if you retain or reinstate any form of your transferred cover.



## Diversa Group Salary Continuance Pool

### SMSF Trustee Membership and Cover

#### How does it work?

The Pool offers SMSF trustees an ability to provide their fund members with insured benefits. Our arrangements are flexible to meet the needs of your membership.

Contact us on (02) 9924 6599 for further details.

#### Membership Types

Pool membership is only available to SMSF trustees.

#### Underwritten cover

The Pool allows you to offer insurance cover for your SMSF members on an individually underwritten basis. They can select the level and type of cover they need depending on their circumstances. See Section 2 - Insured Benefits Available or contact us for more details.

#### Auto acceptance option

Automatic insurance cover is not available for SMSF members. All cover is underwritten.

#### Premium rates

Premium rates for your SMSF members will vary depending on age, occupation, gender, smoking status, past times amongst other factors. Refer to 'What is the cost of Your Insurance?' under Additional Explanation of Fees and Costs in Section 3 below for further information.

#### Transfer cover

An SMSF member can elect to transfer other existing income protection cover to the Pool if they are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy.

The transfer of other existing cover is subject to meeting the following criteria. You must:

- (a) Be transferring other life insurance cover from either:
  - i. an Australian group insurance policy held with another superannuation fund, or
  - ii. from an Australian retail insurance policy that was underwritten in the past 5 years, and
- (b) Be aged less than 65 on the date you applied for the transfer; and
- (c) Not be working in an Excluded Occupation or undertaking any duties of an Excluded Occupation; and
- (d) Cancel the other existing insurance cover on the date of cover commencing in the Pool, and not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option under the other policy; and
- (e) Provide evidence to the Insurer's satisfaction of the other insurance cover you hold. The evidence must be dated within the previous 60 days. If the cover was

underwritten, it must show when cover was accepted and that no restrictions apply;

- (f) Not transfer cover that is subject to any restrictions in regards to medical or other conditions, such as an exclusions, premium loading or pre-existing condition exclusion; and
- (g) Satisfactorily complete the Insurer's Transfer of Cover Application Form. This form must be received by us within 31 days of being signed and dated

Where all of the above requirements are met, the insured cover will be:

- i. For the same Waiting Period as the other life insurance cover. If the same Waiting Period is not available under the Policy, the next higher Waiting Period under the Policy will apply, and
- ii. For the same Benefit Period as the other life insurance cover. If the same Benefit Period is not available under the Policy, the next lower Benefit Period under the Policy will apply, and
- iii. For the same amount as the other life insurance cover, subject to the total insured cover not exceeding a Monthly Benefit of \$15,000 per month after transfer (i.e. insured cover prior to transfer plus the transferred cover).

The Insured Cover will commence on the date the Insurer accepts the Transfer of Cover Application Form. The transfer of cover will not be considered to have occurred and a new Transfer of Cover Application Form required if the Premium is not paid within 60 days of the date they accept the Transfer of Cover Application Form.

Where any of the above requirements are not met, the transfer of other insurance cover will be deemed to have been unsuccessful and any Premium paid in relation to it will be refunded.

Note, no claim will be considered if you retain or reinstate any form of your transferred cover.

#### Continuance of Cover

Continuance of cover is available for SMSF Members. This means that if a fund member leaves an SMSF Member, they can maintain their existing insured benefits. All they need to do is join the Pool as an individual Member and pay their new premium within 30 days of leaving the SMSF Member.

Your former SMSF member will:

- Retain their existing insurance cover;
- Pay future premiums at the individual premium rates.

If they don't take advantage of our continuance of cover option they will cease to be covered in the Pool from the date cover ceased in your fund.

## Diversa Group Salary Continuance Pool

### Employer (and Industry/Professional Association) Membership and Cover

#### How does it work?

The Pool offers employers (as well as Industry and Professional Associations) the ability to provide their employees (or members) with insurance cover. Our arrangements are flexible and can be tailored to meet the needs of your organisation.

Our premium rates are very competitive and we can construct a benefit design for you that can help you distinguish yourself as an employer / association of choice. They are also tax deductible to an employer's business.

Employer funded salary continuance insurance also helps to remove the moral hazard that can exist where having an employee who is not able to work is negatively impacting the business.

Summary details of the key elements of our benefit design features are provided below. Contact us on (02) 9924 6599 for further details or to discuss how we may be able to tailor an insurance offering for your business.

#### Membership types

Different types of employers and associations can join the Pool including:

- Small and sole traders;
- Partnerships and trusts;
- Medium and large companies;
- Industry or Union groups and associations;
- Professional Associations or groups.

#### Auto acceptance options

We can offer automatic insurance cover for employees and association members under a group cover arrangement where we provide employer and industry/professional associations with automatic insurance cover on a tailored basis.

Your group can have its own automatic insurance cover limits, benefit design, eligibility criteria and specific premium rates (corporate rates).

Certain conditions apply for a particular employer or association to be eligible to establish group cover including:

- Guidelines as to the level of cover and qualifying conditions must be established;
- The group must consist of at least 10 employees (or members);
- At least 75% of eligible employees or association members must remain insured by the Pool at all times; and
- The Pool must be the sole provider of that insurance for the group.

See Key Policy Definitions on page 26 and When Your Cover Starts and Ceases on page 15 for further details.

While each group can be assessed and a tailored benefit design created, we also offer a minimum level of automatic insurance for

groups without assessment. Please contact us on (02) 9924 6599 for further details.

#### Premium rates

Premium rates for your group will vary depending on the type of group or industry and occupation categories of the employees or association members to be covered.

We will provide you with a premium rate quote based on your particular needs.

#### Takeover terms

If your company/association currently has group insured benefits, we are able to offer take over terms where your existing externally insured cover is transferred into the Pool without the need for underwriting.

We will need to obtain information about the existing cover in order to determine if it is eligible to be transferred under takeover terms. Contact us for more details.

#### Continuance of Cover

Continuance of cover can be made available for your employees (or members) as a part of your insurance benefit design. This means that if your employee/member leaves your company/firm/association, they can maintain their existing insured benefits. All they need to do is join the Pool as an individual Member and pay their new premium within 30 days of leaving your company/firm/association.

Your former employee/member will:

- Retain their existing insurance cover;
- Pay future premiums at the individual premium rates rather than the premium rates that apply to your group.

If they don't take advantage of our continuance of cover option they will cease to be covered in the Pool from the date they left the company/firm/association.

## Diversa Group Salary Continuance Pool

### Section 2 - Insured Benefits Available

The Pool offers insurance to provide an income benefit if an Insured Person suffers a loss of income as a result of an Illness or Injury. It includes a number of core benefits, optional additional benefits and ancillary benefits. These are outlined below.

You can insure up to 75% of your Monthly Income plus, if applicable, your employer superannuation contributions (to a maximum of 15%). Your Monthly Income immediately prior to your date of Disability is used to determine your Monthly Benefit.

#### CORE BENEFITS:

##### Total Disability

A Total Disability benefit is payable to you in the event that you suffer an Injury or Illness and as a result suffer a loss of income because you are unable to work.

##### Availability

In the event of your Total Disability due to an Injury or Illness a Monthly Benefit of up to 75% of the Monthly Income you received immediately prior to the date of Disability, or such other level of benefit agreed with the Insurer, is payable.

##### When is it paid?

A Total Disability benefit is paid in the event of your total disablement. No benefit is payable until expiration of the Waiting Period.

If you were working less than 15 hours per week at the date of disablement your Monthly Income will be averaged over the 12 months immediately preceding the date of your Disability.

The maximum Monthly Benefit that can be paid is \$30,000.

##### When does it cease?

A Total Disability Benefit ceases to be paid on the earlier to occur of full recovery from Disability, progression to a Partial Disability benefit or at the expiration of the selected Benefit Period.

##### Example 1 – Total Disability

James is a truck driver earning a Monthly Income of \$6,000. He is involved in a car accident, breaks his leg and is unable to work for three months. He is a member of the Pool. His selected Waiting Period is 30 days. Following the expiration of the 30 day Waiting Period, James will be entitled to a Total Disability benefit of \$4,500 per month, being 75% of his pre-disability income.

##### Partial Disability

A Partial Disability benefit is a reduced benefit payable to you if you have been receiving a Total Disability benefit and you have resumed or are capable of resuming employment in a reduced capacity.

##### Availability

You must have suffered Total Disability continuously for at least 7 out of 12 consecutive days. You must also have resumed or be capable of resuming employment on a Post-Disability Income which is less than your Monthly Income as a result of the Disability and you must be under the continuous and regular care of a Medical Practitioner.

No Partial Disability benefit is payable until the expiration of the Waiting Period.

If you suffer Partial Disability and no work is available, your Post-Disability Income is determined based on your capacity to earn as indicated by the medical evidence provided.

##### When is it paid?

A Partial Disability benefit is paid when you have returned to employment in a reduced capacity following a period of Total Disability.

The benefit payable is calculated as follows:

$\{(A-B)/A\} \times C$ , where

A is your pre-disability Monthly Income

B is your actual Monthly Income earned during the month of Partial Disability

C is the Monthly Benefit otherwise payable on Total Disability

##### When does it cease?

A Partial Disability Benefit ceases on the earlier to occur of full recovery from Disability or at the expiration of the selected Benefit Period.

##### Example 2 – Partial Disability Benefit

Mary was earning \$4,000 per month when she became totally disabled. She applied for and received a Monthly Benefit of \$3,000 from the Insurer. She has now been able to return to work in a reduced capacity on reduced earnings of \$2,000 per month. Her Partial Disability benefit is determined as follows:

Monthly Benefit =  $(4000-2000)/4000 \times 3000 = \$1,500$

### STANDARD ANCILLARY BENEFITS

There are a number of important ancillary benefits that are provided to you at no additional cost. They are provided as standard inclusions for all Insured Persons and are described below.

#### Accident Cover during Underwriting

This benefit provides a monthly income in the event that you suffer an Injury during the underwriting of your application for insurance via the Pool.

##### Availability

This benefit is available to all new applicants and to existing Insured Persons applying for an increase in their cover. It starts on the date we receive your application.

##### When is it paid?

The benefit is payable if Total Disability is caused by an Injury. The Accident Cover benefit will be the lesser of the amount of cover applied for or \$15,000 per month.

Partial Disability is not covered under this benefit.

## Diversa Group Salary Continuance Pool

### **When does it cease?**

Generally, Accident Cover ceases when the cover you applied for is accepted or rejected by the Insurer, or when the application is withdrawn or an Insured Person's cover ceases, or after 90 days or on termination of the Policy, whichever occurs first.

### **Death Benefit whilst on Claim**

To assist with meeting expenses a death benefit of 3 times the Monthly Benefit is payable if you die while on claim.

#### **Availability**

A lump sum death benefit of 3 times the Monthly Benefit that was payable immediately prior to death if you die whilst in receipt of a Total or Partial Disability benefit.

#### **When is it paid?**

The benefit is paid in the event of your death whilst in receipt of a Total or Partial Disability benefit.

#### **When does it cease?**

This benefit ceases when it has been paid following the death of the Insured Person.

### **Return to work during Waiting Period**

In the event that you return to work during the Waiting Period, if the return to work proves unsuccessful due to the Injury or Illness causing Total Disability, then the original Waiting Period will not restart as long as the number of days which you returned to work for is less than 10% of the Waiting Period.

### **Waiver of Premium**

In the event that you are paid a Total Disability benefit all premium payments are waived whilst you are on claim.

#### **Availability**

Premium payments are waived when there is a successful claim for a Total Disability benefit.

#### **When does it cease?**

The Waiver of Premium benefit ceases when the Total Disability payment ceases to be paid.

### **Recurrent Disability**

#### **Availability**

If a period of Disability follows a previous period of Disability for the same medical condition and the two periods are separated by less than six months active full time work, the second period is regarded as a continuation of the earlier period and the Waiting Period will not apply to the second period.

### **Benefit Indexation whilst on Claim**

To ensure that the value of claim payments is not eroded by inflation, benefit payments are increased each year.

#### **Availability**

Where a Total or Partial Disability benefit has been paid for twelve consecutive months, the benefit will be increased on each yearly anniversary by the lesser of 7.5% and the annual increase in the CPI.

### **When is it paid?**

The benefit is increased annually on the claim anniversary date.

### **When does it cease?**

This benefit ceases when the Total or Partial Disability benefit ceases to be paid.

### **Partial Disability Benefit**

If, directly before suffering Partial Disability an Insured Person has suffered Total Disability continuously for a period of at least 7 days out of 12 consecutive days the Insurer will pay a benefit while the Insured Person suffers Partial Disability during the Benefit Period.

### **Approved Rehabilitation Benefit**

This benefit is intended to assist with the cost of returning to gainful employment by reimbursing rehabilitation expenses.

#### **Availability**

An Approved Rehabilitation benefit may be available to an Insured Person who is in receipt of a Total or Partial Disability benefit at the discretion of the Insurer.

#### **When is it Paid?**

The cost of rehabilitation is paid by the Insurer, at its discretion, in addition to the benefit otherwise payable if the Insurer considers an Approved Rehabilitation programme to be of assistance in securing your return to work.

#### **When does it cease?**

This benefit ceases when the Insurer so determines.

## **OPTIONAL ADDITIONAL BENEFITS**

### **Benefit Indexation each Year**

Benefit indexation results in your insured amount being increased each year (when you are not receiving benefit payments) in order to keep pace with inflation.

#### **Availability**

This benefit is optional subject to acceptance by the Insurer. It is only available for Individual Members and SMSF Members.

#### **When is it paid?**

Under this option the Sum Insured is indexed on the first day of May each year. The indexation rate is the lesser of 7.5% and the annual CPI rate of increase.

#### **When does it cease?**

This benefit ceases when an Insured Person lodges a successful claim or on cessation of an Insured Person's participation in the Pool. It also ceases if a Total Disability or Partial Disability benefit is payable to the Insured Person at the annual review date.

## Diversa Group Salary Continuance Pool

### Super Contribution Benefit

This option allows employer superannuation contributions to continue to be made while you are unable to work due to an Injury or Illness.

#### **Availability**

This benefit provides for the payment of a superannuation contribution in addition to a disability benefit in the event of your Total or Partial Disability.

The level of superannuation contribution paid is the amount your employer is liable to pay and subject to a maximum of the lesser of:

For Total Disability

- (a) The amount applied for (or subsequently agreed to); or
- (b) 15% of your Monthly Income; or
- (c) The total amount that was being contributed by your employer immediately prior to your Total Disability; or

For Partial Disability

- (d) a proportional part of the superannuation contribution benefit being the same proportion of the Monthly Benefit being paid to you.

Refer to 'Eligibility and Restrictions' on page 16 for more details.

#### **When is it paid?**

If you have selected this Option then the benefit is payable in the event of your Total or Partial Disability.

#### **When does it cease?**

The superannuation contribution ceases to be paid when the related Total or Partial Disability benefit ceases to be paid to you.

### "Own Occupation" Definition

For certain occupational categories, the Insurer may agree to the substitution of the Total Disability definition so that the assessment of Total Disability beyond the first 2 years of a claim continues to be on an "own occupation" basis. Refer to the definition of Total Disability in the Key Policy Definitions section of the PDS for further details.

#### **Availability**

This benefit is available for Professional and White Collar occupation categories and where the Benefit Period exceeds 2 years. An addition to the Premium of 30% is made to provide this cover enhancement.

### Home Care Benefit

The home care benefit option provides an additional monthly payment where an Insured Person suffers Total Disability, is confined to bed and requires full time care from an immediate family member.

#### **Availability**

This benefit is optional subject to acceptance by the Insurer. It is only available for employer Members (as well as Industry and Professional Associations), where the Pool is providing automatic

insurance cover for employees and association members under a group cover arrangement.

The monthly payment is the lesser of:

- (a) \$2,000 per month; or
- (b) 50% of the Monthly Benefit that the Insured Person is receiving; or
- (c) The amount the Insurer considers is the Income lost by the immediate family member due to the provision of family care to the Insured Person.

#### **When is it paid?**

Under this option the monthly payment is paid where the Insured Person continues to suffer Total Disability as a direct result of their Injury or Illness, provided that:

- (a) The Insurer has paid a Total Disability benefit for at least 60 days: and
- (b) A Doctor has certified that the Insured Person is confined to bed and requires full-time care; and
- (c) An immediate family member has ceased permanent employment to care for them and is not earning any income. The immediate family member must not be employed by the Insured Person or working in an entity the Insured Person controls.

The Insurer will require evidence that confirms the immediate family member has ceased permanent employment.

This benefit is payable in addition to the benefits otherwise payable for the Insured Person, but not whilst the Insured Person is entitled to a nursing care benefit or a specific injury benefit for the same period.

#### **When does it cease?**

This benefit ceases for the Insured Person if:

- (a) It has been paid for 90 days; or
- (b) They cease to suffer Total Disability; or
- (c) A Doctor no longer certifies they require home care; or
- (d) They reach Cover Ceasing Age; or
- (e) They die; or
- (f) The Insurer is not provided with any requested information they require to assess the claim: or
- (g) They cease to be an Australian Resident.

## Diversa Group Salary Continuance Pool

### Nursing Care Benefit

The nursing care benefit option provides a monthly in arrears payment where an Insured Person continues to suffer Total Disability and requires ongoing nursing care.

#### **Availability**

This benefit is optional subject to acceptance by the Insurer. It is only available for employer Members (as well as Industry and Professional Associations), where the Pool is providing automatic insurance cover for employees or association members under a group cover arrangement.

The monthly payment is equal to the Monthly Benefit for Total Disability. If the benefit is payable for less than a whole month, a daily amount of 1/30<sup>th</sup> of the Monthly Benefit for Total Disability is paid.

#### **When is it paid?**

Under this option the monthly payment is paid where the Insured Person continues to suffer Total Disability as a direct result of their Injury or Illness, provided that:

- (a) A Doctor has certified that the Insured Person requires the care of a Registered Nurse visiting at least once a day; and
- (b) They remain in or near bed for a substantial part of each day; and
- (c) They are confined for a period of more than 48 continuous hours.

This benefit will not be paid where the Insured Person is entitled to receive a Total Disability Benefit, Partial Disability Benefit, home care benefit or specific injury benefit for the same period.

#### **When does it cease?**

This benefit ceases for the Insured Person if:

- (a) It has been paid for 90 days or they have completed the Waiting Period (whichever happens first); or
- (b) A Doctor no longer certifies they require the care of a Registered Nurse visiting at least once a day; or
- (c) They reach Cover Ceasing Age; or
- (d) They die; or
- (e) The Insurer is not provided with any requested information they require to assess the claim; or
- (f) They cease to be an Australian Resident.

### Medical Catastrophe Benefit

The medical catastrophe benefit option provides a lump sum where an Insured Person suffers a Medical Catastrophe Condition that first occurred after their cover commenced.

#### **Availability**

This benefit is optional subject to acceptance by the Insurer. It is only available for employer Members (as well as Industry and Professional Associations), where the Pool is providing automatic insurance cover for employees and association members under a group cover arrangement.

The lump sum payment is equal to 3 times the Monthly Benefit for Total Disability that was payable for the Insured Person immediately prior to the Insured Person suffering a Medical Catastrophe Condition.

Refer to Key Policy Definitions on page 26 for the list of Medical Catastrophe Conditions.

#### **When is it paid?**

Under this option a lump sum benefit is paid in addition to the other benefits payable for the Insured Person. This benefit is only payable once for an Insured Person.

It is payable where an Insured Person suffers a Medical Catastrophe Condition that first occurred after their cover commenced provided a range of diagnosis and treatment criteria are met. However it will not be paid if:

- (a) A Death Whilst on Claim Benefit has been paid; or
- (b) A restriction on benefits applies for the Medical Catastrophe Condition; or
- (c) The Medical Catastrophe Condition occurs after the Insured Persons 65th birthday.

Please contact us for full details of the relevant criteria.

#### **When does it cease?**

This benefit ceases when the lump sum has been paid.

### Specific Injury Benefit

The specific injury benefit option provides a monthly payment for a fixed payment period where an Insured Person suffers a Specific Injury that is the result of an Injury that first occurred after their cover commenced.

#### **Availability**

This benefit is optional subject to acceptance by the Insurer. It is only available for employer Members (as well as Industry and Professional Associations), where the Pool is providing automatic insurance cover for employees and association members under a group cover arrangement.

Refer to Key Policy Definitions on page 26 for the list of specific injuries covered and their associated payment period.

#### **When is it paid?**

Under this option a monthly benefit is paid during the relevant payment period, instead of any other benefit for the same period. The Insurer may also pay an Approved Rehabilitation Benefit and Workplace Modification Benefit.

If the Insured Person remains disabled at the end of the payment period, any other benefits they may be entitled to will be determined and paid in accordance with terms of their cover and the Policy at that time.

If a specific injury benefit and a Medical Catastrophe Condition resulted from the same or related cause, the Insurer will pay the Medical Catastrophe Benefit and reduce the payment period of the specific injury benefit by 3 months.

This benefit is only payable once for an Insured Person.

Please contact us for full details of the specific injury definitions.

## Diversa Group Salary Continuance Pool

### When does it cease?

This benefit ceases for an Insured Person if:

- (a) It has been paid for the Payment Period; or
- (b) It has been paid for the Benefit Period; or
- (c) They reach Cover Ceasing Age; or
- (d) They die; or
- (e) They cease to be an Australian Resident.

### When Your Cover Starts and Ceases

#### When cover starts

##### Employer sponsored and Industry Groups/Professional Associations – Group Cover

For Insured Persons who are covered as part of a group arrangement, cover commences on the date that has been agreed for that group under its particular eligibility criteria, provided that the Insured Person is not absent from work on that date.

##### All Insured Persons (including SMSF members) – Underwritten Cover

Underwritten cover starts on the date that we receive your first (or increased) premium payment, following notice from our Insurer of the basis on which the Insured Person has been accepted for cover.

Refer also to Eligibility and Restrictions on page 16 for further details on when cover starts.

##### Cover Subject to Special Terms

Where the Insurer offers special terms, conditions, restrictions, exclusions or premium loadings, you must accept these terms within 28 days and cover will commence from the date that the acceptance is received by the Insurer.

#### When cover ceases

Cover will cease when any of the events described in Table 1 occurs.

Note that each group will have its own eligibility criteria for cover. Generally, however, cover for Insured Persons who are part of a group arrangement with an employer or industry/professional association will cease when that Insured Person leaves their employer or association.

**Table 1 – When Cover Ceases**

Cover ceases on the earliest of the following events:
You cancel the cover in writing
You turn 65 years of age <sup>1</sup> (Cover Ceasing Age)
You cease to be a member of the Pool
You are covered under a group arrangement and you leave your SMSF or employer or association <sup>2</sup>
You are on employer approved leave for longer than the agreed period
You cease to be an Australian Resident <sup>3</sup>

You commence service with the armed forces of any country
You retire permanently from the workforce
You are absent from the active performance of the duties of your employment for more than 30 days, unless you are on employer approved leave or the Insurer is liable to pay your current claim
The Insured Person is the subject of a fraudulent claim under the Policy
You cease to reside in Australia <sup>4</sup>
You don't pay your premiums when they fall due
You die
You return to full-time work <sup>5</sup>
The insurance Policy is terminated

#### Important Notes

- For some Employer groups and industry associations a later age may be agreed with the Insurer.
- You may continue your cover if you join the Pool as an individual Member.
- Refer to Key Policy Definitions on page 26 for the meaning of Australian Resident.
- Cover may continue while you reside overseas in certain circumstances. See "Overseas Residence" under "Eligibility and Restrictions" on page **Error! Bookmark not defined.** for further details.
- Applies to the Approved Rehabilitation benefit and Benefit Indexation.

### Who We Pay

#### Who we pay

The recipient of a benefit will vary depending on who the Member of the Pool is. Table 2 below provides details of who we make benefit payments to in different situations.

**Table 2 – Who We Pay**

Pool Member	Who We Pay
Individual – income benefit	Individual.
Individual – Death Benefit	Insured Member's legal personal representative
Superannuation Trustee	Super fund trustee.
Employer	<ul style="list-style-type: none"> <li>• Employer; or</li> <li>• Another appropriate person as determined by us.</li> </ul>
Associations	<ul style="list-style-type: none"> <li>• Association; or</li> <li>• Another appropriate person as determined by us.</li> </ul>

## Diversa Group Salary Continuance Pool

### Eligibility and Restrictions

Various restrictions and eligibility criteria apply to the insured benefits provided by the Pool. These are detailed below. Please contact us for clarification if you have any queries about your own particular situation.

#### General exclusions

Insurance benefits will not be paid by the Pool for any claim arising from or caused wholly or partly, directly or indirectly, by any one or more of the following:

- (a) self-inflicted harm or attempted suicide, regardless of whether the person was sane or insane at the time;
- (b) normal and uncomplicated pregnancy or childbirth. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, bladder problems or post-natal depression are not considered abnormal or complications of pregnancy;
- (c) participation in a criminal act;
- (d) service in the armed forces;
- (e) actively participating in Militant Activities;
- (f) a person being an Insured Person where their occupation is an Excluded Occupation and where the Insurer has not given their prior approval; and
- (g) any additional exclusion as advised by the Insurer during the underwriting process.

#### General Eligibility and Restrictions – All Insured Persons

##### Residence

An Insured Person must be an Australian Resident to be eligible for cover under the Policy.

##### Permanent Employment

You must be engaged in Permanent Employment for a minimum of 15 hours per week. Casual employees and people employed in a Seasonal Worker capacity cannot be insured via the Pool.

##### Minimum and Maximum Entry Age

The minimum age to be eligible for insurance cover is 15. The maximum age to be eligible for new cover is 63.

##### Maximum Insurable Ages

Insurance cover continues up to your 65<sup>th</sup> birthday provided Premiums are paid when due.

##### Maximum Benefits

Unless otherwise agreed with the Insurer, the maximum monthly benefit is \$30,000.

##### Pre-Existing Conditions

If there is a claim in respect of a person that arises in connection with a medical condition of which the person was aware before they were covered under the Policy:

- (a) subject to the terms of the Policy a benefit will be payable to the extent that it came into force as a result of automatic cover; but
- (b) the Insurer will only be liable to pay any portion of a benefit that came into force as result of their underwriting decision if the medical condition was disclosed to the Insurer at the time of underwriting and the Insurer agreed in writing to provide cover for it.

#### Benefit Offset

The monthly benefit payments you receive will be reduced where you are entitled to receive any other form of payment known as Other Disability Income (refer to Key Policy Definitions for further information).

The amount of the Monthly Benefit for a particular month will be reduced by any Other Disability Income that accrues to the Insured Person during that month.

In addition, the Insurer is not liable to pay the Monthly Benefit to the extent that it when added to any Other Disability Income would exceed 75% of the Insured Person's Monthly Income.

If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer will, at their discretion pay the full amount of the benefits due under the Policy on a conditional basis until the dispute is resolved. If the Insurer chooses to pay and the Insured Person receives Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of the benefit that has been paid which would have been offset.

The Monthly Benefit may also be reduced by the amount of any outstanding Premium or fees and costs incurred in the assessment of claim. Similarly, the Monthly Benefit may be reduced by any amount that is required by law to be deducted from a benefit payment.

#### Superannuation Contribution Benefit

The superannuation contribution benefit will be paid at the same time interval as contributions are being paid immediately prior to Total Disability or Partial Disability for the Insured Person provided that:

- (a) if the Insured Person suffers Total Disability, the Insurer will only be liable to pay the superannuation contribution benefit that is the lesser of;
  - (i) the amount of cover applied for (or any other amount subsequently agreed in writing) in respect of the Insured Person; or
  - (ii) fifteen percent (15%) of the Insured Person's Monthly Income; or
  - (iii) the total that was being contributed by the Employer as superannuation on behalf of the Insured Person on a monthly basis immediately prior to the Insured Person's Total Disability or;
- (b) if the Insured Person suffers Partial Disability, the Insurer will only be liable to pay a proportional part of the superannuation contribution benefit arrived at under paragraph (a) above, corresponding to the proportion



## Diversa Group Salary Continuance Pool

which the benefit payable for Partial Disability bears to the Monthly Benefit that applies to the Insured Person.

### Worldwide Cover

Once it has come into force and while it remains in force, the cover provided by the Insurer for an Insured Person operates regardless of their geographical location, subject to Overseas Residence.

### Overseas Residence

Cover may continue for an Insured Person working Overseas provided that:

- (a) the Insured Person remains an Insured Person of the Pool throughout the period of overseas residence; and
- (b) the period of overseas residence is no longer than five (5) years duration; and
- (c) the Insured Person's country of residence is not listed on the Department of Foreign Affairs & Trade website ([www.dfat.gov.au](http://www.dfat.gov.au)) under 'advised not to travel'; and
- (d) Premiums for the Insured Person continue to be paid throughout the period of overseas residence; and
- (e) The Insurer is provided with any other information about the Insured Person, relevant to their decision on whether to continue to cover the Insured Person whilst they are working overseas.

Where these requirements are not met, continuation of cover will be subject to approval of the Insurer which must be obtained prior to departure from Australia. If this cover is approved, it may be subject to an additional premium.

If an Insured Person becomes entitled to a benefit whilst they are Overseas, the Pool and the Insurer will not be liable to pay benefits for more than a total of 6 months while they remain Overseas. However, if the entitlement to the benefit is continuing, the Insurer must start to pay the benefit again with effect from the date they return to Australia.

The Insurer reserves the right to require an Insured Person to return to Australia at their own expense in the event that they submit a claim.

### Employer Approved Leave

Where an Insured Person is on employer approved leave, cover will continue provided:

- (a) they continue to be employed by their employer and premiums continue to be paid in respect of them; and
- (b) the period of leave is no longer than two (2) years.

Cover may continue after 2 years on such terms as the Insurer may permit.

Note that a benefit will not be paid in respect of a period during which the Insured Person was not otherwise due to receive an income from their Employer.

In addition, where an Insured Person resumes employment with their employer, cover that was terminated during the period of leave, may be reinstated with the Insurer's prior written agreement.

### Eligibility and Restrictions – Group Cover Arrangements

#### Employer sponsored and Industry Groups/Professional Associations – Group Cover

Under group cover arrangements, Insured Persons are covered according to their group cover or sub-plan terms where:

- (a) they are less than 65 years of age (or such higher age as we agree with the Insurer); and
- (b) there is an Automatic Acceptance Limit that applies to the Eligible Person; and
- (c) they satisfy the guidelines and conditions that have been established for their particular group cover; and
- (d) they are being covered within thirty (30) days of the date they were first eligible to obtain cover under group cover arrangements; and
- (e) at least 75% of people eligible to be members of the group remain covered via the Pool at all times; and
- (f) cover will not begin if they were absent from work for any medical reason or, though attending their place of employment, were not medically fit to carry out all of the duties and work hours of their usual occupation.

Where a person was absent from work, the Insurer may allow the person to obtain cover and become an Insured Person provided:

- The Insurer is notified in writing that the person has been absent from their place of employment for a medical reason or, though present, is not medically fit to carry out all of the duties and work hours of their usual occupation; and
- The Insurer may require a certificate from the person's employer that the person is attending their place of employment and actively engaged in all of the duties and work hours of their usual occupation.

Contact us on (02) 9924 6599 or visit the Products & Services page of our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au) for further details.

## Diversa Group Salary Continuance Pool

### Section 3 - Fees and Other Costs

#### Consumer Advisory Warning

##### DID YOU KNOW?

Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.

For example, total annual fees and costs of 2% of your account balance rather than 1% could reduce your final return by up to 20% over a 30 year period (for example, reduce it from \$100 000 to \$80 000).

You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.

You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the fund or your financial adviser.

##### TO FIND OUT MORE

If you would like to find out more, or see the impact of the fees based on your own circumstances, the **Australian Securities and Investment Commission (ASIC)** website ([www.moneySMART.gov.au](http://www.moneySMART.gov.au)) has a managed funds fee calculator to help you check out different fee options.

The above consumer advisory warning is required to be provided under the *Corporations Act* as the Pool is a managed investment product. Be aware that it is not relevant for the Pool, as the Pool is not an investment and does not provide any investment return. The Pool provides insurance benefits only.

#### Fees and other costs

This PDS shows fees and other costs that you may be charged. These fees and costs may be deducted from your money or from the assets of the managed investment scheme as a whole.

Taxes are set out in another part of this PDS.

You should read all the information about fees and costs because it is important to understand their impact.

Diversa Group Salary Continuance Pool			
Type of fee or cost	Amount		How and when paid
<b>Fees when your money moves in or out of the product</b>			
<i>Establishment fee</i> The fee to open your investment.	\$1		Included as a part of your first premium payment.
<i>Contribution fee</i> The fee on each amount contributed to your investment	Not Applicable		Not Applicable
<i>Withdrawal fee</i> The fee on each amount you take out of your investment.	Not Applicable		Not Applicable
<i>Exit fee</i> The fee to close your investment.	Not Applicable		Not Applicable
<b>Management costs</b>			

## Diversa Group Salary Continuance Pool

The fees and costs for managing your investment.	Up to 30% of premiums paid	Management costs are deducted from each premium payment you make.
<b>Service fees</b>		
<i>Switching fee</i> The fee for changing investment options.	Not Applicable	Not Applicable

1. See 'Additional Explanation of Fees and Costs' for information about the cost of insurance cover and how premiums are calculated.
2. Your adviser (if you have one) may charge a service fee. (See 'Adviser Remuneration' under the heading 'Additional Explanation of Fees and Costs').

### Example of annual fees and costs

This table gives an example of how the fees and costs for this product can affect your investment over a 1 year period. You should use this table to compare this product with other products offered by managed investment schemes.

<b>EXAMPLE – cash in the Pool</b>		<b>BALANCE OF \$50,000 WITH CONTRIBUTIONS OF \$5,000 DURING YEAR</b>
Contribution Fees	0%	For every additional \$5,000 you put in, you will be charged \$0.
<b>PLUS</b> Management Costs	Up to 30% of premiums paid	<b>And</b> , for every \$50,000 you have in the Pool you will be charged up to \$15,000 each year.
<b>EQUALS</b> Cost of Pool		If you had an investment of \$50,000 at the beginning of the year and you put in an additional \$5,000 during that year you would be charged fees of:  <b>\$15,000*</b>  <b>What it costs you will depend on the investment option you choose and the fees you negotiate.</b>

\* This disclosure is required under the Corporations Regulations to illustrate the affect contribution fees and management costs will have on an investment in a managed investment product. The example is of little relevance to the Pool as whilst it is a managed investment product, the Pool is not an investment and does not provide any investment return to you. The Pool provides insurance benefits only. The entire amount of your premium is applied against the costs of the Policy and running the Pool. You do not have an investment account balance.

### Additional Explanation of Fees and Costs

The premiums you pay cover the costs of providing the Policy insurance and administering the Pool. Premiums include a component that is paid to the Insurer and a component that is retained by us in order to meet our costs and pay for the costs of running the Pool.

These costs include fees paid to us, the Custodian, the administrator (if any) and any other service providers to the Pool.

Other costs involved in administering the Pool may include the preparation and audit of financial statements, Compliance Committee costs, custody fees, promotion costs, legal and

compliance fees and the preparation and printing of documents such as this PDS.

Diversa has the right, under the Constitution, to recover these costs directly from the Pool.

At present all of these costs are paid by Diversa from the fees paid to us as part of the management costs. They are not an additional cost to you.

Refer to 'Taxation' in the Important Information in Section 4 below for summary tax information.

## Diversa Group Salary Continuance Pool

### What is the cost of Your Insurance?

The premium you need to pay will depend on certain factors including your age, gender, smoking status, sum insured, Waiting Period, Benefit Payment Period, medical history, occupation, premium payment frequency, optional benefits selected, the costs of running the Pool and whether or not cover is provided as part of an employer/association plan.

May 1st each year is the annual renewal date of the Policy. You will be given the opportunity to continue your cover from this date.

We will write to you a month before the annual renewal date and notify you of the new premium payable for the following policy year.

If you wish to join the Pool, contact us for a quote for the cost of cover given your particular circumstances.

### Stamp Duty

Stamp duty is a tax imposed on salary continuance insurance premiums by the various State and Territory Governments in Australia. Stamp duty is not included in the premium rates for individuals not part of a group and must be calculated and paid as part of your premium.

The amount of stamp duty you pay is determined by your state of residence. See Table 3 below for details.

This information is based on legislation current at the date of this PDS.

**Table 3 – Stamp Duty Rates for Salary Continuance Insurance**

State	Stamp duty (%)
ACT	0
NSW	5
NT	10
QLD	9
SA	11
TAS	10
VIC	10
WA	10

#### Notes:

- This information is based on legislation current at the date of this PDS.

### Premium Discounts and Loadings

We may offer discounts on your premium rates if you:

- are a non-smoker;
- pay premiums annually in advance; or
- are a member of an employer group, professional or industry association (corporate rates).

Loadings (or increases) may be applied to premium rates depending on your medical history and in some cases, your occupation.

Premiums paid other than annually in advance incur a loading of 2%.

### Adviser Remuneration

Your adviser (if you have one) may choose to charge an Adviser Service Fee. **This requires your specific authorisation.** In this case, the Australian Financial Services Licensee whom your adviser represents may receive an Adviser Service Fee.

If they do, this will be in addition to your premium payment. It is not a charge of the Pool. The Adviser Service Fee will be incorporated into the premium illustration obtained by your Adviser from us for cover via the Pool.

We will collect the authorised Adviser Service Fee together with your premium and remit it to your adviser in full on your behalf.

In order to specifically authorise the payment of any Adviser remuneration, you will need to complete and sign the appropriate section of the application form.

Your adviser should provide a Financial Services Guide or a Statement of Advice to you that details their remuneration and other benefits.

Adviser remuneration will not be paid from the assets of Diversa or the Pool.

### Differential Fees

We may negotiate a rebate or waive all or part of the premium with wholesale clients (as defined by the Corporations Act).

The payment and terms of rebates or waivers are negotiated with wholesale clients but are ultimately at our discretion, subject to the Corporations Act and ASIC policy.

We may also charge different premium rates for different categories of Members of the Diversa Group Salary Continuance Pool.

### Outbreak of War

The Insurer may increase premiums under the Policy at any time for any or all Insured Persons by giving us written notice in the event of any invasion or outbreak of war (whether declared or not) which involves Australia or an Insured Person's country of residence.

If the Insurer gives this notice and any premium increase is not paid, the Insurer will not be liable to pay a benefit in respect of an Insured Person where the event giving rise to a claim arose either directly or indirectly from the invasion or war.

**This means that, in these circumstances, if you don't pay any additional premium required, you will not be entitled to claim any insured benefits from the Pool where the event giving**

## Diversa Group Salary Continuance Pool

---

rise to a claim arose either directly or indirectly from the invasion or war.

### **Payment Options**

Premiums can be paid by:

- Cheque;
- Direct debit; or
- Electronic Funds Transfer (EFT).

Cheques for premium payments are to be made to:

“Trust Company (Australia) Limited – Diversa Group Salary Continuance Pool”

Contact us to establish direct debit arrangements or for details of EFT payments.

### **Non-payment of Premiums**

To maintain your insurance cover you need to pay your premiums when they are due. Your cover in the Pool will be cancelled if you do not pay your premiums when they are due.

### Section 4 – Other Information

#### Important Information

**This section contains other important information about the Pool and your insurance.**

##### What are the significant risks?

The significant risks associated with membership of a Group Salary Continuance Pool which you should consider include:

- the Pool is not a savings plan or an investment - it provides insurance benefits only. You will not get anything back apart from any pro-rata refund of annual premiums paid if your membership is cancelled or withdrawn from the Pool;
- if you apply for underwritten cover, or an increase in cover, you must disclose any pre-existing conditions with your request;
- if you do not comply with your duty to take reasonable care, the Insurer may not pay your claim, pay only part of your claim, or we may cancel your membership of the Pool;
- if you do not comply with the Pool terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), the Insurer may refuse to pay all or part of your claim;
- the RE has the right to increase premium rates for Members;
- the RE has the right to change the Insurer at any time;
- the Insurer may vary the terms and conditions of the Policy, so that they become less advantageous;
- the Insurer may terminate the Policy or withdraw from the insurance market and Diversa may not be able to find a suitable replacement insurer;
- Cover may not be adequate because:
  - the amount of cover you have is more or less than you need;
  - the type of cover you require does not match the cover provided by the Pool.

We recommend that you speak with an appropriately qualified adviser to assist you in determining which of the above risks are significant in your particular circumstances.

##### Continuity

Once you have been accepted for insurance under the Policy via the Pool, the Insurer will continue your insurance within the Pool regardless of any deterioration in your health as long as premiums are paid when they are due, subject to the usual eligibility and cessation conditions.

##### Taxation

Generally the proceeds of salary continuance insurance cover received by individuals are assessable for income tax purposes and must be included in your tax return. Similarly, the premiums are generally tax deductible to individuals and employers.

Generally, insurance premiums paid by the trustee of a superannuation fund are an allowable deduction to the fund.

Goods and Services Tax (GST) does not currently apply to salary continuance insurance premiums but does apply to administration and adviser fees. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST or any other Government taxes and charges that may be introduced.

The Australian taxation system is complex and different Members have different circumstances. We recommend that you speak with your financial or tax adviser for further information about how tax may apply with respect to your personal circumstances.

##### How to Apply

To apply for membership of the Pool, please refer to the application checklist and complete the relevant application form contained in this PDS. Return your completed application to:

Diversa Insurance Limited  
Diversa Group Salary Continuance Pool  
PO Box 3135  
Willoughby North NSW 2068

If we are unable to provide you with cover for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we will hold your premium in the Pool cash account on your behalf until it can be returned, without interest, to you.

##### Cooling-off Period

Pool Members have a 30 day cooling off period. The 30 day period commences from the date we confirm the cover has commenced.

During this time you may cancel the cover by writing to us. We will refund the premium you have paid less any relevant Government taxes or charges that we have been required to deduct.

You cannot exercise the right to cancel your cover if you have made a claim for a benefit under the Pool.

After the 30 day cooling-off period, your option to cancel the cover and receive a refund will be forfeited unless you are paying premiums annually in advance in which case you will receive a refund of the unused portion of your premium.

##### Your Duty to Take Reasonable Care

When you apply for life insurance cover via the Pool, you are treated as though you are applying for insurance cover under an individual consumer insurance contract. When you apply for cover under a consumer insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the cover is provided.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

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

## Diversa Group Salary Continuance Pool

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

### If you do not meet your duty

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

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

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

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

The Insurer may apply these remedies separately to each type of cover they consider could form a separate policy.

### Guidance for answering the Insurer's questions

You are responsible for the information provided. When answering any 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, you must tell the Insurer about any changes that mean you would now answer their 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 being asked. Please contact us and ask for help if you have difficulty understanding the process or answering any of the questions.

### Documentation You Will Receive

Individual and SMSF Members will receive a confirmation containing information about their cover including premiums, loadings and details of any options you have selected.

We will also send you an annual renewal notice each year advising you of the amount of your insurance for the coming year and the new premium you need to pay to maintain this level of cover.

Employer, association and trustee applicants will be advised when cover has been accepted by the Insurer, the levels of cover and any conditions that may apply.

The Pool may be subject to certain regular reporting and disclosure obligations. Copies of documents lodged with ASIC in relation to the Pool may be obtained from, or inspected at, any ASIC office. You may obtain a copy of the following at our website or from us free of charge on request:

- the Pool's annual financial report most recently lodged with ASIC;
- any half-yearly financial reports lodged with ASIC by the Pool;
- any continuous disclosure notices given by the Pool; and
- any other material updates.

### Insurance claims

Depending on the type of claim being made, you or your personal legal representative will need to provide a range of information to us and the Insurer. Contact us on (02) 9924 6599 or visit our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au) for details.

You must cooperate with us in allowing us to obtain any evidence reasonably required by the Insurer or us to assess your claim and the Insurer shall be entitled to require the Insured Person to undergo any medical examinations conducted by a medical practitioner appointed by them as they deem necessary.

### Cancellations

You may cancel your insurance at any time by giving notice in writing to us. Unless you are paying premiums annually in advance, the cancellation will be effective from the next premium due date and there will be no refund of premiums.

If you are paying premiums annually in advance, on cancellation of cover, you will receive a pro-rata refund of your unused annual premium.

Your insurance cover may be cancelled at any time if a premium has not been paid within 30 days of its due date.

### Nomination of Beneficiaries for a Death Benefit whilst on Claim

The section titled "Who we Pay" on page 15, contains details of who we will make benefit payments to.

An Insured Person cannot nominate another person (beneficiary) to whom your benefit can be paid.

If you are a member of a superannuation fund, you should contact the fund for information on any procedures that the fund may have in relation to death benefit nominations for that fund.

## Diversa Group Salary Continuance Pool

---

### Anti-Money Laundering/Counter-Terrorism Financing laws

The Government has anti-money laundering and counter-terrorism financing laws to reduce the risk of Australian businesses being misused for the purposes of money laundering or financing terrorism.

As a result of this legislation, Diversa, along with other financial services organisations, have a range of obligations (such as collecting personal information and verifying your identity, monitoring your transactions and reporting certain information to the Government regulator). We are not liable for any loss you may suffer as a result of our compliance with this legislation.

When you apply for Membership of the Pool you must complete the customer identification information and provide the required identification documents unless you have previously done so.

If we do not receive this information, we will not be able to process your application to join the Pool.

### Constitution

All registered managed investment schemes are governed by a constitution. The Pool's constitution (as amended) governs its operation and, together with this PDS, the Corporations Act and other laws, regulates the Pool and our legal relationship with Pool participants.

The Pool's constitution has been lodged with ASIC. We can amend the constitution as permitted by the Corporations Act. You may inspect the Fund's constitution at our offices on any business day free of charge or obtain a free copy of it by contacting us.

### Our Liability

Subject to the Corporations Act, we're not liable to Members for any losses in any way relating to the Pool, except to the extent to which the loss is caused by fraud, negligence or breach of trust. Our liability is, subject to the Corporations Act, limited to our ability to be indemnified out of the assets of the Pool.

### Environmental, Social and Ethical Factors and Labour Standards

We don't take into account labour standards or environmental or ethical considerations when selecting, retaining or realising investments for the Pool. This is because the Pool is not an investment or savings plan, it provides insurance benefits to Members.

### Transfer of Member's Interest

You may request us to transfer your interest in the Pool to another party. We have absolute discretion to amend the Members' register to transfer your interest to another party.

Any such transfer is subject to our approval and the completion of all required documentation (with duty paid, if applicable). You will be responsible for any costs incurred.

### Complaints Resolution

Diversa has an established complaints resolution process. If you have any complaints concerning your participation in the Pool please call us on (02) 9924 6599.

We will work with you to resolve your concerns. You may also write to us. Our address is:

Complaints Manager  
Diversa Insurance Limited  
Diversa Group Salary Continuance Pool  
PO Box 3135  
Willoughby North NSW 2068

We are a member of, and participate in, the **Australian Financial Complaints Authority (AFCA)**, an independent complaints resolution organisation. If you feel your complaint has not been satisfactorily resolved you are entitled to make a complaint to AFCA at:

Australian Financial Complaints Authority Limited  
GPO Box 3  
Melbourne VIC, 3001  
Telephone: 1800 931 678  
Email: [info@afca.org.au](mailto:info@afca.org.au)

### Complaints and the Insurer

If you have any questions or concerns about the Insurer or their actions in relation to your insurance cover under the Policy, you can contact them directly on 1800 333 613 and they will promptly investigate your enquiry, referring it if necessary to their Internal Disputes Resolution Committee.

The Insurer normally resolves internal complaints within 30 days. In special circumstances, they may take longer. If this is the case, they will advise you.

If you are not satisfied with the response the Insurer provides, you may complain to the independent Australian Financial Complaints Authority.

### How Can You Obtain Up-to-date Information

The information contained in this PDS is up to date at the time of its preparation. However, some of the information can change from time to time. We will post updated information on our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au).

If there is a material change to the PDS information we may issue a supplementary or replacement Product Disclosure Statement.

If you require a paper copy of any updated information, contact us on (02) 9924 6599 and it will be provided to you free of charge.

### Privacy

---

By completing the application form for membership of the Pool you consent to us collecting, disclosing and using your personal information.

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We only permit personnel associated with the Pool and its service providers to have access to your personal information.

We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality.

We will not disclose your personal information for marketing purposes to other entities unless you agree.



## Diversa Group Salary Continuance Pool

### Categories of personal information we collect and hold

The nature of the personal information we collect may include:

- information we collect from you on applications or other forms, such as name, address, telephone number, occupation, and income;
- information about your transactions with us or third parties, such as payment history, and account activity;
- health, pastimes, occupation, gender and other medical information.

### Purposes of collecting your information

We collect your personal information for a number of purposes, which may include:

- providing you with membership of the Pool;
- processing receipts and payments;
- administering your participation in the Pool;
- assessing, processing and investigating insurance risks or claims;
- statement production and other mail related services;
- meeting legal and regulatory requirements.

### Disclosures of your information

We may share your personal information with selected third parties for the purpose of administering the Pool, and your information may be provided to them on a confidential basis for this purpose. We will not disclose your personal information (if applicable) for any purpose other than to underwrite your insurance cover or assess a claim. The organisations to whom we may disclose your personal information include, for example:

Third Party	Purpose
Mail houses	For mail related services
Administrator	For data entry, data processing, account maintenance and documentation
Insurer	To assess your application, underwriting and claims assessment
Employers, associations and trustees of Superannuation funds	To administer your Pool membership
Direct Debit provider	To facilitate deduction of regular premiums from your bank account or credit card
Government agencies and regulators	To comply with laws and regulations

### Contact us

If you wish to obtain more information or raise any specific or general concerns about our Privacy Policy please contact us on (02) 9924 6599.

### Privacy and the Insurer

AIA Australia are bound by the Privacy Act 1988 and other laws which they must comply with in the collection, security, storage, use and disclosure of personal and sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at [www.aia.com.au](http://www.aia.com.au).

## Diversa Group Salary Continuance Pool

### Key Policy Definitions

“Occupation Category” means:

Category	Description
<b>Professional</b>	Professional occupations where the person: (a) Spends more than 80% of their time doing clerical or administrative activities in an office-based environment; and (b) Earns \$100,000 or more a year from their job (excluding superannuation contributions); and (c) Holds a university qualification they use in their job.
<b>White Collar</b>	White collar occupations where the person performs clerical, administration or managerial activities in an office-based environment.
<b>Light Manual</b>	Occupations where the person: (a) Performs light manual duties; or (b) Supervises manual workers; or (c) Travels as part of their job but does not deliver goods; or (d) Would otherwise be “Professional” but does not spend more than 80% of their time doing clerical or administrative activities in an office-based environment; or (e) Would otherwise be “White Collar” but performs some duties outside an office-based environment.
<b>Skilled</b>	Qualified tradespeople who perform a moderate amount of manual work.
<b>Unskilled</b>	Unskilled occupations performing manual work or skilled employees mainly performing heavy manual work.

## Diversa Group Salary Continuance Pool

### “Accident Cover” means:

When we receive an application for cover for an Eligible Person or an application for an increase in cover for an Insured person, Accident Cover begins.

If the person who is covered by Accident Cover suffers a Total Disability as a result of an Injury, the Insurer will pay the benefit in respect of them as if they were an Insured Person subject to the amount of the Monthly Benefit paid under Accident Cover being:

- (a) no greater than the maximum amount of cover (if any) which would have been applicable to the person as an Insured Person; and
- (b) limited to the lesser of the amount for which cover was being applied for or \$15,000 per month.

The Insurer may take into account any information they receive in the course of the claim under Accident Cover in exercising their discretion whether or not they will accept cover in relation to the person under the Policy or the terms upon which they might accept cover.

During the period the Pool pays a benefit in connection with Accident Cover there is no liability to pay any other Pool benefits under the Policy in relation to that person.

No benefit will be paid for Partial Disability under Accident Cover.

Accident Cover ceases on the earliest of:

- (a) When the Insurer notifies Us of their underwriting decision; or
- (b) When the application is withdrawn or cancelled; or
- (c) At midnight on the 90<sup>th</sup> day after it commenced; or
- (d) When any event happens that would otherwise cause an Insured Person’s cover to cease under the Policy; or
- (e) The Policy ceasing.

### “Approved Rehabilitation” means:

a program, device or course of treatment certified by a Medical Practitioner or other health professional to be necessary for the rehabilitation of a person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 or any other program which might cause *The Policy* to cease to be exempt from the National Health Act 1953 or Health Insurance Act 1973 or any similar legislation in connection with health insurance.

### “Australian Resident” means:

an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the Migration Act 1958 or resides in Australia on a 457 (or equivalent) working visa.

### “At Work” means:

means that a person is actively performing all of the duties of their usual occupation for the Employer.

### “Benefit Period” and “Benefit Payment Period” means:

For individuals: 2 years, 5 years or to age 65 according to the period accepted by the Insurer.

For groups: The period of time agreed with the Insurer.

### “Contractor” means:

a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.

### “CPI” means:

the Consumer Price Index (all groups and all capital cities) published by the Australian Bureau of Statistics. If no such Consumer Price Index is published, the CPI will be a figure determined by the Insurer at their discretion.

### “Disability” means:

either of Total Disability or Partial Disability.

### “Eligible Person” means:

A person who is able to obtain cover under the Policy, being a person who:

- (a) The Insurer expressly agrees in writing is an Eligible Person; or
- (b) Who is an Australian Resident and is a Permanent Employee working for the Employer for at least 15 hours per week at the commencement date of the cover; and
- (c) Who is not a casual employee or a person that is engaged by the Employer as a seasonal worker; and
- (d) Meets the following additional eligibility criteria:
  - i. Unless otherwise agreed by the Insurer is aged at least 16 at their next birthday; and
  - ii. For automatic acceptance group cover - meets all of the eligibility criteria applicable to their group; or
  - iii. For individual cover – subject to receipt of all underwriting information by the Insurer, cover will commence from the date the Insurer advises of its acceptance of cover.

### “Employer” means:

#### Individual Members

the entity employing you in a Permanent Employment capacity as detailed on your application form when joining the Pool or such other entity agreed to in writing by the Insurer from time to time.

#### Automatic cover members

The employer, industry or professional association you joined that the Pool provides automatic cover for as part of a group cover arrangement.

### “Excluded Occupation” means:

- a) aviation worker such as a pilot, air traffic controller or aerial photographer,
- b) emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,
- c) entertainer working professionally such as an actor, dancer, musician or performer,
- d) forestry worker such as a tree feller or sawmill worker,

## Diversa Group Salary Continuance Pool

- e) horse racing industry workers such as a jockey, trainer or strapper,
- f) mining worker such as a miner, mineral explorer, earth driller or explosives handler,
- g) offshore worker such as a fisherman, oil rig worker or diver,
- h) seasonal worker,
- i) security worker such as a security guard, doorman, bouncer or crowd controller,
- j) sex worker,
- k) sports person working professionally or semi-professionally,
- l) underground or underwater worker,
- m) workers whose work requires them to work at heights above 10 metres such as a rigger, scaffolder or roof worker.

**"Illness" means:**

a sickness, disease or disorder.

**"Injury" means:**

bodily injury caused by violent, external and visible means.

**"Insured Person/Insured Persons" means:**

a person who is eligible to be insured under the Policy for whom cover other than Accident Cover is in force.

**"Loss Of Use Of" means:**

(a) The permanent loss of sight, whether aided or unaided due to Injury or Illness to the extent that the visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist, or

(b) The loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.

**"Medical Catastrophe Conditions" list:**

- Alzheimer's Disease
- Angioplasty
- Aplastic Anaemia
- Benign Brain Tumour
- Cancer
- Cardiomyopathy
- Cerebrovascular Accident (Stroke)
- Chronic Liver Failure
- Chronic Lung Failure
- Chronic Renal Failure (Kidney)
- Coma
- Dementia
- Diplegia
- Encephalitis
- Hemiplegia
- Loss of Independent Existence
- Loss of Speech
- Major Aortic Surgery
- Major Head Trauma
- Major Organ Transplant
- Medically Acquired HIV
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy

- Myocardial Infarction (Heart Attack)
- Occupationally Acquired HIV
- Open Chest Surgery
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Total Blindness
- Total Deafness

Please contact us for full details of the definition of each of these Medical Catastrophe Conditions.

**"Medical Practitioner" means:**

a validly qualified medical practitioner including a specialist, registered to practice in Australia and New Zealand, who is not the Employer, associated with the Employer or a business partner or associate, and in the context of a claim does not include the person who is the subject of the claim or their spouse, parent(s), sibling(s), children or family member.

**"Militant Activities" means:**

Actively participating or contributing to, an act of terrorism, war or war-like operation or civil commotion.

**"Monthly Benefit" means:**

The lesser of

- (a) The amount of cover obtained by us from time to time in accordance with the terms of the Policy and in particular means 75% of an Insured Person's Monthly Income immediately prior to the date of Disability plus any superannuation contribution benefit cover effected, up to the maximum monthly benefit allowable under the Policy; and
- (b) The automatic acceptance limit or forward underwriting limit (as applicable to the Insured Person); and
- (c) The maximum Monthly Benefit.

An Insured Person can voluntarily elect to reduce their Monthly Benefit provided the amount is less than (a), (b) and (c) above.

The Insurer will only pay a benefit for an Insured Person where the premium due in respect of the Insured Person's cover has been paid.

For Partial Disability, the Monthly Benefit is determined by the calculation method shown in Section 2 as follows:

$\{(A-B)/A\} \times C$ , where

A is your pre-disability Monthly Income

B is your actual Monthly Income during the month of Partial Disability

C is the Monthly Benefit otherwise payable on Total Disability

No Partial Disability benefit is accrued or payable until the Waiting Period has ended.

## Diversa Group Salary Continuance Pool

If an Insured Person suffers Partial Disability and no work is available, their Post-Disability Income will be calculated based on their capacity to earn as determined by the medical evidence provided.

If immediately prior to the date of Disability, an Insured Person was no longer in Permanent Employment or a Contractor working for the Employer for at least 15 hours per week, the Insured Person's Monthly Income will be averaged over the 12 months immediately prior to the date of Disability and the superannuation contribution benefit will continue to apply.

**"Monthly Income" means:**

- (a) where an Insured Person does not directly or indirectly own part of their Employer their Monthly Income is 1/12th of their current annual pre-tax salary from the Employer but does not include any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the Insurer has expressly agreed otherwise; or
- (b) where the Insured Person directly or indirectly owns part or all of a business or practice which is their Employer, their Monthly Income is 1/12th of the annual share of the income of that business or practice generated by their personal exertion in the previous 12 months after the deduction of their share of expenses in generating that income, or any other income the Insurer has expressly approved of.

**"Other Disability Income" means:**

any income (other than income under the Policy) which an Insured Person may derive during a month for which the amount of the benefit that applies to them under the Policy is being assessed, whether that income was actually received or not; and includes:

- (a) any other income derived as a result of incapacity under any other insurance policy; and
- (b) any benefit under any workers compensation, motor accident compensation or other similar State, Federal or Territory legislation,

***but does not include:***

- (a) income earned from investments; and
- (b) any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit.

Any Other Disability Income that is in the form of a lump sum or is commuted for a lump sum has a monthly equivalent of 1% of the lump sum for each month a disability benefit is paid.

If it can be shown that a portion of the lump sum represents compensation for pain and suffering; or the loss of use of a part of the body the Insurer will not take that portion into account as Other Disability Income.

Where a common law worker's compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings the Insurer will convert this to

income on the basis of 1% of the lump sum for each month a Disability benefit is paid.

**"Overseas" means:**

Anywhere other than the Commonwealth of Australia and its Territories.

**"Partial Disability" means:**

a benefit payable under the Policy where an Insured Person has ceased to suffer Total Disability and;

- (a) has resumed employment or
- (b) is deemed capable of returning to partial employment duties and,
- (c) as a result of the Injury or Illness that caused their Total Disability the Insured Person receives, or would in the Insurers opinion receive, a Post-Disability Income that is less than their Monthly Income, and
- (d) is under the continuous and regular care of a Medical Practitioner undergoing appropriate treatment.

**"Permanent Employment" means:**

an employee who is employed on a permanent basis under an ongoing contract that:

- (a) is for an indefinite duration or fixed term of more than 12 months, and
- (b) requires the employee to perform identifiable duties for a regular number of hours each week; and
- (c) provides the employee with paid annual leave, sick leave and long service leave.

**"Post-Disability Income" means:**

any income (other than income under the Policy) that a person may derive after the commencement of the Waiting Period during a month for which the amount of the benefit that applies to them under the Policy is being assessed.

However, if the Insured Person is in the Insurer's opinion suffering Partial Disability but has not received such income, the Insurer will estimate their capacity to earn by substituting an amount for partial earnings with regard to the extent of their Partial Disability to enable the Insurer to calculate the benefit.

**"Registered Nurse" means:**

a person who is legally qualified and registered to practice in Australia or New Zealand other than the Eligible Person or Insured Person, or their parent, child, sibling, Partner, business partner, associate or employee.

**"Seasonal Worker" means:**

a person engaged in employment for a specific period of time, or to complete a specific job, and where continuity of employment is not guaranteed, regardless of hours worked or period of employment.

## Diversa Group Salary Continuance Pool

### “Specific Injury” list:

Specific Injury	Payment Period
Diplegia	60 months
Hemiplegia	60 months
Paraplegia	60 months
Quadriplegia	60 months
Tetraplegia	60 months
Total and permanent Loss Of Use Of: (a) Both feet, or (b) Both hands, or (c) The sight of both eyes, or (d) A hand and a foot, or (e) A hand and the sight in 1 eye, or (f) A foot and the sight in 1 eye.	24 months
Total and permanent Loss Of Use Of: • An arm, or • A leg.	18 months
Total and permanent Loss Of Use Of: (a) A foot, or (b) A hand, or (c) The sight in 1 eye.	12 months
Total and permanent Loss Of Use Of the thumb and the index finger on the same hand.	6 months
Fracture of: (a) The thigh (femur) above the knee, or (b) The pelvis.  A benefit will not be payable for a Fracture involving the knee joint or hip joint.	3 months
Fracture of: (a) The upper arm (humerus), or (b) The shoulder blade (scapula).  A benefit will not be payable for a Fracture involving the elbow joint or shoulder joint.	2 months
Fracture of the jaw (mandible or maxilla).	1.5 months

### “Total Disability (individual Members, including members of an SMSF Member)” means:

an Insured Person is totally disabled if, because of Illness or Injury, he or she is:

- For the first 2 years of the Benefit Period, unable to perform at least one income producing duty of his or her occupation. For the remainder of the Benefit Period, unable to perform their own occupation or any occupation for which they are reasonably capable of performing by reason of education, training or experience, and
- Is under the regular care of, and following the advice of a Medical Practitioner, and
- Not working in any occupation, whether for reward or not for reward.

Where an ‘income producing duty’ is a duty of the Insured Person’s occupation immediately before he or she became

disabled which generates 20% or more of the Insured Person’s Monthly Income.

“**Total Disability** (Insured Persons who are participants of an employer or industry or association group plan, as well as individual Members who have been accepted with an “own occupation” definition of Disability)” **means:**

an Insured Person is totally disabled if, because of Illness or Injury, he or she is:

- Unable to perform at least one income producing duty of his or her occupation, and
- Is under the regular care of, and following the advice of a Medical Practitioner, and
- Not working in any occupation, whether for reward or not for reward.

Where an ‘income producing duty’ is a duty of the Insured Person’s occupation immediately before he or she became disabled which generates 20% or more of the Insured Person’s Monthly Income.

### “Waiting Period” means:

For individuals: 30, 60, 90 or 180 days according to the period accepted by the Insurer.

For groups: The period of time agreed with the Insurer.

## Application Checklist

### Have you:

- ✓ Obtained a Premium Illustration from us or your Adviser. (Phone (02) 9924 6599 for assistance)
- ✓ Checked our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au) to :
  - Download a copy of the Client Identification Form and Personal Statement needed to accompany your application;
  - Download a copy of the direct debit form;
  - Review any other relevant information.
- ✓ Completed and signed
  - all sections required of your application form;
  - the Personal Statement;
  - the direct debit form;
  - relevant Customer Identification Form together with certified copies of your Identification documents
- ✓ Made sure you have all the necessary documents for your application



Diversa Group Salary Continuance Pool –  
ARSN 149 439 681  
PO Box 3135  
Willoughby North NSW 2068  
**Phone:** 02 9924 6599  
**Email:** [admin@diversainsurance.com.au](mailto:admin@diversainsurance.com.au)  
**Website:** [www.diversainsurance.com.au](http://www.diversainsurance.com.au)  
Diversa Insurance Limited  
AFSL No. 2773321  
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

## Application for Membership – Individuals

### General Memberships

#### 1. Insured Person's Details

##### Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

##### Contact Details

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Diversa Group Salary Continuance Pool

---

**Employment, Occupation & Residency** (You must be an Australian resident to be eligible for insurance – see page 27 for details)

Are you an Australian resident?  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

Describe ownership interest \_\_\_\_\_

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

## 2. Income Details

A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)



**3. Insurance Cover Details**

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

**1. Insured Amount and Optional covers (Please tick the applicable options):**

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to insure my employer superannuation contributions as indicated below:
  - The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
  - Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

**2. Own Occupation disability definition (Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years)**

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

**3. Waiting Period (This is the number of days you need to be disabled for before being eligible for benefit payments)**

I want the waiting period to be:

- 30 days
- 60 days
- 90 days
- 180 days

**4. Benefit Payment Period (This is the period that you would like benefit payments to continue for while you are disabled)**

I want the Benefit Payment Period to be:

- 2 years
- 5 years
- to age 65

## Diversa Group Salary Continuance Pool

---

### 5. Premium Payments *(Select your preferred option):*

Premium Payment Frequency:  Annually  Half yearly  Quarterly  Monthly

If left blank, premiums will be paid annually. All premiums are payable in advance. Monthly, quarterly and half yearly premiums cost 2% more.

Premium Payment Method:  Electronic Funds Transfer  Direct Debit  Cheque .

If this section is left blank or is incomplete premiums will be charged annually in advance.

### 4. Nominated Financial Adviser

I wish to nominate the following person as my financial adviser:

Adviser Name: \_\_\_\_\_ Authorised Rep No. \_\_\_\_\_

Adviser Company: \_\_\_\_\_

AFS Licensee Name: \_\_\_\_\_ AFSL No. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Adviser Service Fee (% of Premium): \_\_\_\_\_

#### ***Fee Authorisation***

I authorise the payment of the adviser service fee detailed above to my adviser. I confirm that my adviser has disclosed their adviser service fee to me in their statement of advice. Please collect and remit these fees on my behalf.

This authority remains in force until I withdraw or change it in writing.

**Insured Person Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

**5. Declaration & Signature**

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I accept this offer in Australia;
- All of the information provided in my application is true and correct;
- I agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I have received the PDS from the internet or other electronic means, that I received a complete copy of it personally or a printout of it, accompanied by or attached to this application form;
- I authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I acknowledge and agree that:

- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- Any insurance cover is subject to completing the Insurer's underwriting requirements, and will not commence until acceptance by the Insurer;
- I do not have any right of ownership or participation in the Policy;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool;
- The Pool and Diversa will hold personal information about me and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I will notify the Pool, in writing, if there is a change in this authority to disclose information to my adviser;
- I authorise the collection and remission of the adviser fee to my adviser, by Diversa on my behalf;
- Diversa may be required to pass on my personal information or information about my interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I agree that the Pool and Diversa may use this address to provide me with information about my insurance (such as transaction confirmations, statements, reports and other material), and that all correspondence will be sent to the Insured Person.

Insured Person: \_\_\_\_\_ Date: \_\_\_\_\_.

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

**Please return the completed application to :**

Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068

If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.



Diversa Group Salary Continuance Pool –  
ARSN 149 439 681  
PO Box 3135  
Willoughby North NSW 2068  
**Phone:** 02 9924 6599  
**Email:** [admin@diversainsurance.com.au](mailto:admin@diversainsurance.com.au)  
**Website:** [www.diversainsurance.com.au](http://www.diversainsurance.com.au)  
Diversa Insurance Limited  
AFSL No. 2773321  
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

## Application for Membership – Employers / Industry Associations

### General Memberships

#### 1. Employer / Association Details

Please complete the applicable Business section - A. Company, B. Partnership, C. Sole Trader, or D. Trust

##### **A. Company**

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_ **Type:**  Private  Public  Listed

##### **Full Employer / Association Name:** \_\_\_\_\_

Company Name (If different to Employer / Association Name) \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

Registered Office Address (If different to principal business address) \_\_\_\_\_

Postal Address (If different to principal business address) \_\_\_\_\_

Contact Details: \_\_\_\_\_

##### **Job**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

##### **B. Partnership**

##### **Full Employer Name:** \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

Postal Address (If different to principal business address) \_\_\_\_\_

Contact Details: \_\_\_\_\_

## Diversa Group Salary Continuance Pool

---

Job Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Postal Address (If different to above) \_\_\_\_\_

### **C. Sole Trader**

**Full Business Name:** \_\_\_\_\_

Principal Business/Residential Address: \_\_\_\_\_

Postal Address: (If different to above) \_\_\_\_\_

Personal Details:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **D. Discretionary or Family Trust**

**Full Name of (Employer) Trust:** \_\_\_\_\_

Type of Trust: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

Postal Address (If different to principal business address) \_\_\_\_\_

Contact Details: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Trustee Details**

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_ Type:  Private  Public  Listed

Company Name \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

Registered Office Address (If different to principal business address) \_\_\_\_\_

Postal Address (If different to principal business address) \_\_\_\_\_

**2. Insurance Cover Details**

1. Insert summary details from your Group Cover Plan Summary here:

Eligibility	
Category 1	
Category 2	
Category 3	
Category 4	

Benefit Level (e.g. sum insured or salary multiple)	
Category 1	
Category 2	
Category 3	
Category 4	

OR

Please contact me to arrange a benefit quote

**2. Cover Commencement Date** \_\_\_\_\_

**3. Nominated Financial Adviser**

I/we wish to nominate the following person as my financial adviser:

Adviser Name: \_\_\_\_\_ Authorised Rep No. \_\_\_\_\_

Adviser Company: \_\_\_\_\_

AFS Licensee Name: \_\_\_\_\_ AFSL No. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Adviser Service Fee (% of Premium): \_\_\_\_\_

**Fee Authorisation**

I/we authorise the payment of the adviser service fee detailed above to my/our adviser. I/we confirm that my adviser has disclosed their adviser service fee to me/us in their statement of advice. Please collect and remit these fees on my/our behalf.

This authority remains in force until I/we withdraw or change it in writing.

**Authorised Signatory Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised Signatory Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

#### 4. Authorised Signatories

The Pool is authorised to accept on behalf of the employer, the signature of the person(s) below for any communication or information required to facilitate the provision of insurance benefits.

**Employer / Association Authorised Signatories:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_.

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_.

**5. Declaration & Signature**

I /we declare and agree that:

- I / we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I/we accept this offer in Australia;
- All of the information provided in my /our application is true and correct;
- I /we agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I/we have received the PDS from the internet or other electronic means, that /we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form;
- I /we authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I /we acknowledge and agree that:

- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- Any insurance cover is subject to completing the Insurer's underwriting requirements, and will not commence until acceptance by the Insurer;
- I /we do not have any right of ownership or participation in the Policy;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool;
- The Pool and Diversa will hold personal information about me/us and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I/we will notify the Pool, in writing, if there is a change in this authority to disclose information to my/our adviser;
- I/we authorise the collection and remission of the adviser fee to my adviser, by Diversa on my/our behalf unless I/we advise Diversa otherwise in writing;
- Diversa may be required to pass on my / our personal information or information about my / our interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I/ we agree that the Pool and Diversa may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports and other material), however all correspondence will be sent to the Insured Person.

**Authorised Signatory Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**Authorised Signatory Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

**Please return the completed application to:**

Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068

If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.





Diversa Group Salary Continuance Pool –  
ARSN 149 439 681  
PO Box 3135  
Willoughby North NSW 2068  
**Phone:** 02 9924 6599  
**Email:** [admin@diversainsurance.com.au](mailto:admin@diversainsurance.com.au)  
**Website:** [www.diversainsurance.com.au](http://www.diversainsurance.com.au)  
Diversa Insurance Limited  
AFSL No. 2773321  
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

## Application for Membership – Self Managed Superannuation Fund Trustee General Memberships

### 1. Fund Details

Fund Name: \_\_\_\_\_

ABN: \_\_\_\_\_

### 2. Trustee Details

**Trustees** Please complete the applicable section - A Company, or B Individuals

#### ***Primary Contact Details:***

Job Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Postal Address (If different to below) \_\_\_\_\_

#### **A. Company Trustee**

ACN: \_\_\_\_\_  Private  Public

**Full Company Trustee Name:** \_\_\_\_\_

Principal Trustee Postal Address: \_\_\_\_\_

#### **Trustee Directors – Personal Details**

1. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

**Diversa Group Salary Continuance Pool**

---

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

2. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

*Please use Section B for Director details if your company has more than 2 directors*

**B. Individual Trustees**

**Trustee's Personal Details:** \_\_\_\_\_

1. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

2. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

3. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

4. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

5. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

6. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### 3. Premium Payment Details

Select your preferred option:

Premium Payment Frequency:  Annually  Half yearly  Quarterly  Monthly

If left blank, premiums will be paid annually. All premiums are payable in advance. Monthly, quarterly and half yearly premiums cost 2% more.

Premium Payment Method:  Electronic Funds Transfer  Direct Debit  Cheque .

If this section is left blank or is incomplete premiums will be charged annually in advance.

### 4. Insured Persons

#### a) First Insured Person's Details

##### Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

##### Contact Details

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

##### Employment, Occupation & Residency (You must be an Australian resident to be eligible for insurance – see page 27 for details)

Are you an Australian resident?:  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

## Diversa Group Salary Continuance Pool

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

Describe ownership interest

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

### b) Income Details

#### A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

#### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### c) Insurance Cover Details

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### 1. Insured Amount and Optional covers *(Please tick the applicable options):*

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to sure my employer superannuation contributions as indicated below:
- The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.

## Diversa Group Salary Continuance Pool

Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

**2. Own Occupation disability definition** (*Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years*)

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

**3. Waiting Period** (*This is the number of days you need to be disabled for before being eligible for benefit payments*)

I want the waiting period to be:

30 days  60 days  90 days  180 days

**4. Benefit Payment Period** (*This is the period of time that you would like benefit payments to continue for while you are disabled*)

I want the Benefit Payment Period to be:

2 years  5 years  to age 65

### a) Second Insured Person's Details

#### Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

#### Contact Details

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment, Occupation & Residency** (You must be an Australian resident to be eligible for insurance – see page 27 for details)

Are you an Australian resident?:  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

Describe ownership interest \_\_\_\_\_

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

**b) Income Details**

A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

**c) Insurance Cover Details**

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

# Diversa Group Salary Continuance Pool

## 1. Insured Amount and Optional covers *(Please tick the applicable options):*

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to insure my employer superannuation contributions as indicated below:
- The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

## 2. Own Occupation disability definition *(Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years)*

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

## 3. Waiting Period *(This is the number of days you need to be disabled for before being eligible for benefit payments)*

I want the waiting period to be:

- 30 days  60 days  90 days  180 days

## 4. Benefit Payment Period *(This is the period of time that you would like benefit payments to continue for while you are disabled)*

I want the Benefit Payment Period to be:

- 2 years  5 years  to age 65

## a) Third Insured Person's Details

### Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

**Diversa Group Salary Continuance Pool**

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

**Contact Details**

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment, Occupation & Residency** (You must be an Australian resident to be eligible for insurance – see page 27 for details)

Are you an Australian resident?:  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation:

Describe regular duties:

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

Describe ownership interest

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

**b) Income Details**

A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**



## Diversa Group Salary Continuance Pool

### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### c) Insurance Cover Details

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### 1. Insured Amount and Optional covers *(Please tick the applicable options):*

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to sure my employer superannuation contributions as indicated below:
- The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

#### 2. Own Occupation disability definition *(Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years)*

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

#### 3. Waiting Period *(This is the number of days you need to be disabled for before being eligible for benefit payments)*

I want the waiting period to be:

- 30 days  60 days  90 days  180 days

**4. Benefit Payment Period** (*This is the period of time that you would like benefit payments to continue for while you are disabled*)

I want the Benefit Payment Period to be:

2 years       5 years       to age 65

**a) Fifth Insured Person's Details**

**Personal Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

**Contact Details**

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment, Occupation & Residency** (*You must be an Australian resident to be eligible for insurance – see page 27 for details*)

Are you an Australian resident?:  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

## Diversa Group Salary Continuance Pool

### Describe ownership interest

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

### **b) Income Details**

#### A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

#### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### **c) Insurance Cover Details**

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### **1. Insured Amount and Optional covers (Please tick the applicable options):**

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_ % of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$ \_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to sure my employer superannuation contributions as indicated below:
- The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- Other Amount: \_\_\_\_\_ % of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

**2. Own Occupation disability definition** (Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years)

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

**3. Waiting Period** (This is the number of days you need to be disabled for before being eligible for benefit payments)

I want the waiting period to be:

30 days  60 days  90 days  180 days

**4. Benefit Payment Period** (This is the period of time that you would like benefit payments to continue for while you are disabled)

I want the Benefit Payment Period to be:

2 years  5 years  to age 65

**a) Sixth Insured Person's Details**

**Personal Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

**Contact Details**

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment, Occupation & Residency** (You must be an Australian resident to be eligible for insurance – see page 27 for details)

Are you an Australian resident?  Yes  No Country of Citizenship: \_\_\_\_\_

Your Occupation:

Describe regular duties:

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer:  Yes  No

Describe ownership interest

Employment Type:  Full time  Part time \_\_\_\_\_ Hours per week (if not full time)

Smoker status: Are you a smoker?  Yes  No

**b) Income Details**

C. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

D. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

**c) Insurance Cover Details**

You can insure up to a maximum of 75% of your salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

**1. Insured Amount and Optional covers (Please tick the applicable options):**

## Diversa Group Salary Continuance Pool

Amount of insured cover (tick one):

- I want to insure 75% of my pre-tax salary.
- I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.
- I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Optional Superannuation Contribution Benefit (tick if you want to include this option)

- I want to insure my employer superannuation contributions as indicated below:
- The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Annual Benefit Indexation option (only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation  Yes  No

This means your insured benefit will automatically increase each year by the lesser of CPI or 7.5% p.a.

**2. Own Occupation disability definition** (Only available for Professional & white collar occupation types, with a Benefit Payment Period greater than 2 years)

I would like the optional "Own Occupation" disability definition?

(Note this will increase your premium by 30%)  Yes  No

**3. Waiting Period** (This is the number of days you need to be disabled for before being eligible for benefit payments)

I want the waiting period to be:

- 30 days  60 days  90 days  180 days

**4. Benefit Payment Period** (This is the period of time that you would like benefit payments to continue for while you are disabled)

I want the Benefit Payment Period to be:

- 2 years  5 years  to age 65

**5. Nominated Financial Adviser**

I wish to nominate the following person as my financial adviser:

Adviser Name: \_\_\_\_\_ Authorised Rep No. \_\_\_\_\_

Adviser Company: \_\_\_\_\_

AFS Licensee Name: \_\_\_\_\_ AFSL No. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Adviser Service Fee (% of Premium): \_\_\_\_\_

**Fee Authorisation**

I/we authorise the payment of the adviser service fee detailed above to my/our adviser. I/we confirm that my adviser has disclosed their adviser service fee to me/us in their statement of advice. Please collect and remit these fees on my/our behalf.

This authority remains in force until I/we withdraw or change it in writing. If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

Name: \_\_\_\_\_

Trustee 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Trustee 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Trustee 3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Trustee 4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Trustee 5 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Trustee 6 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Declaration & Signature**

I /we declare and agree that:

- I / we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I/we accept this offer in Australia;
- All of the information provided in my /our application is true and correct;
- I /we agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I/we have received the PDS from the internet or other electronic means, that I/we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form; and
- I /we authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I /we acknowledge and agree that:

- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- Any insurance cover is subject to completing the Insurer's underwriting requirements, and will not commence until acceptance by the Insurer;
- I /we do not have any right of ownership or participation in the Policy;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool;
- The Pool and Diversa will hold personal information about me/us and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I/we will notify the Pool, in writing, if there is a change in this authority to disclose information to my adviser;
- I/we authorise the collection and remission of the adviser fee to my adviser, by Diversa on my/our behalf unless I/we advise Diversa otherwise in writing;
- Diversa may be required to pass on my / our personal information or information about my / our interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws; and
- By providing email addresses I/we agree that the Pool and Diversa may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports and other material), however all correspondence will be sent to the Insured Person.

Name: \_\_\_\_\_

Trustee 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name: \_\_\_\_\_

Trustee 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name: \_\_\_\_\_

Trustee 3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name: \_\_\_\_\_

Trustee 4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name: \_\_\_\_\_

Trustee 5 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name: \_\_\_\_\_

Trustee 6 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power ( certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

**Please return the completed application to:**

**Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068**  
If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.