

# Insurance for meat industry employees



Insurance Booklet - 22 October 2014

The information in this document forms part of the  
Product Disclosure Statement



**MEAT INDUSTRY EMPLOYEES'  
SUPERANNUATION FUND**

MySuper Authorised 17317520544110

## About this Insurance Booklet

This Insurance Booklet has been prepared to help further explain features of the Meat Industry Employees' Superannuation Fund (**MIESF, the Fund**). In particular, features relating to the Death, Terminal Illness and Total and Permanent Disablement (**TPD**) insurance cover provided to eligible members of the Fund are explained.

This Insurance Booklet is intended to provide information only, not advice. It should not be relied upon as advice or take the place of professional financial advice. It has been prepared without taking into account your personal financial circumstances or needs. Before acting on the content of this Insurance Booklet, you should consider whether the Fund meets your financial needs and objectives and consider seeking professional advice.

The information contained in this Insurance Booklet may change from time to time. We will update you with any changes on our website, by telephone or mail-out. If any changes are materially adverse, these changes will be contained in a revised Insurance Booklet. You can obtain paper copies of any updates at no charge by contacting the Fund as detailed on page 1.

The insurance cover provided is subject to the terms and conditions contained in a group insurance policy taken out by the Trustee with TAL Life Limited (**the Insurer**) (ABN 70 050 109 450 AFSL 237848).

The insurance policy, the Fund's Trust Deed and relevant law help to determine each member's eligibility for insurance cover. The terms and conditions of the insurance policy prevail over any inconsistent information in the Product Disclosure Statement (**PDS**) and this Insurance Booklet. The insurance information provided in the PDS and this Insurance Booklet is based on the policy issued by the Insurer and information provided by the Insurer about the operation of the policy. The Insurer has given and not withdrawn its consent to be named in the PDS and this Insurance Booklet in the form and context in which it appears.

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## I. Overview

From 1 July 2013, Death, Terminal Illness and Total and Permanent Disablement (TPD) insurance cover is available through the Fund for eligible members.

The "Key definitions" section shown on pages 6 to 9 includes definitions of words in this Insurance Booklet that start with a capital letter.

The amount of Death and TPD cover that applies is shown below. It is based on the eligible member's age as of the date of death or disablement.

Death Cover	\$200,000 for ages at death 15 to 64 or \$35,000 for ages at death 65 to 69	
TPD Cover	Age at Date of Disablement	TPD Cover \$
	15 – 38	200,000
	39	150,000
	40	110,000
	41	80,000
	42	55,000
	43	30,000
	44 – 49	20,000
	50 – 54	10,000
	55 – 59	5,000
	60 – 64	2,500

Prior to age 65, Death cover is restricted to \$100,000 until one year after the date the Fund received an eligible member's first employer contribution. **There are further cover restrictions** explained on page 3 of this Insurance Booklet.

The Terminal Illness cover effectively pays the Death cover "early" and is equal to the benefit that would be paid upon death.

From 1 July 2014, eligible members aged 65 to 69 inclusive have insured Death cover of \$35,000. Terminal Illness cover of \$35,000 also applies for eligible members aged 65 to 68 inclusive. There is no insured TPD cover available once a member reaches age 65.

The net of tax cost of this insurance cover to eligible members is \$5.60 per week. The Fund's insurance cover is designed to give financial assistance to you or your dependants in the event of your permanent disablement, terminal illness or death. The Trustee does not believe that the cost of this cover inappropriately erodes members' retirement benefits.

Members may however opt out of Death, Terminal Illness and TPD cover all together; but you cannot opt out of one, but not the others. Once a member opts out of cover, the member will become ineligible for cover in the Fund at any time. If you wish to opt out or have any questions concerning these insurance benefits please contact the Fund Office at:

Meat Industry Employees' Superannuation Fund  
2nd floor, 62 Lygon Street  
CARLTON SOUTH VIC 3053

Telephone: 1 800 252 099 or (03) 9662 3861 (for callers from mobile phones)

Fax: (03) 9662 2430

Email: fundadmin@miesf.com.au

Website: www.miesf.com.au

## 2. What is the cost of the insurance cover?

The cost of the insurance cover to the Trustee is \$6.58 per insured member per week. The Fund pays the Insurer monthly and recoups the net of tax cost from eligible members at the rate of \$5.60 per week. This cost is deducted from the Member Account of each insured member as follows:

- a) For members in the Fund for the whole year ended 30 June, the deduction is \$145.60 at 31 December and \$145.60 at 30 June;
- b) For members leaving the Fund, the deduction is a pro rata amount of the \$291.20 annual cost based on the number of days as a member of the Fund that year;
- c) For members joining the Fund, the deduction is the pro rata amount of the \$145.60 half yearly cost based on the number of days as a member of the Fund during each half year.



## 3. Are you eligible for insurance cover?

When you join MIESF after 30 June 2014, you will automatically receive Death, Terminal Illness and TPD cover in line with the cover commencement terms below, provided you satisfy the following eligibility requirements:

- a) You are a MIESF member; and
- b) You are aged more than 14 years and less than:
  - (i) 70 years for Death cover; or
  - ii) 69 years for Terminal Illness; or
  - iii) 65 years for TPD; and
- c) You have not previously opted out of the cover available in the Fund.

Please note that Spouse and Pension members are not eligible for cover.



## 4. When does your cover commence?

If you are an eligible member who joins MIESF after 30 June 2014, Death, Terminal Illness and TPD cover will commence as follows.

If you join MIESF within six months of commencing employment with a participating employer, your Death, Terminal Illness and TPD cover will commence from the later of the following:

- a) The date you commence employment with the participating employer of MIESF;
- b) The start date for the period for which the first Superannuation Guarantee (SG) contribution is paid on your behalf to MIESF; and
- c) The date 120 days before the date your SG contribution was received by MIESF (in line with SG requirements).

If you are an eligible member who joins MIESF more than six months after commencing employment with a participating employer, your Death, Terminal Illness and TPD cover will commence when MIESF receives the first SG contribution made for you by your participating employer for your membership.

## 5. When does your insurance cover end?

Cover will cease on the earliest of the following:

- MIESF has not received contributions from a participating employer on your behalf in the past three years and you are aged 55 or over;
- Upon payment of a Death or Terminal Illness benefit;
- Upon payment of a TPD benefit if the cover is equal to your Death cover (if the TPD cover is less than the Death cover, the rules outlined in the next section apply);

- You turn age 65 for TPD or age 69 for Terminal Illness or age 70 for Death insurance cover;
- You have transferred all of your Member Account to the Pension section of the Fund;
- You make partial cash withdrawals from your Member Account or rollovers to another superannuation fund which amount to more than \$20,000, in any financial year after 30 June 2013, unless you were a MIESF member at 30 June 2013 and the remaining balance of your Member Account is more than 50% of your Member Account at 1 July 2013. This rule does not apply once you reach age 65. If your cover ceases for this reason, you will be ineligible for insurance cover at any time;
- There are insufficient funds in your Member Account to pay for the accrued cost of insurance cover (\$5.60 per week) and the \$1.30 per week administration fees e.g. if your Member Account including earnings in July is \$24.20, your insurance cover will cease on 25 July;
- When your membership of MIESF ceases; and
- The date we receive a fully completed "Application to cancel insurance cover" form advising MIESF that you wish to opt out of insurance cover.

Please note that there is no provision to offer you the option of continuing your insurance cover with the Trustee's Insurer once you leave the Fund.

**Please note that we will not notify you prior to your Death, Terminal Illness or TPD cover ceasing.**

You should therefore make sure that you are familiar with the situations when your Death, Terminal Illness or TPD cover will cease, as explained above. If you are in any doubt, please contact the Fund Office to determine whether you have Death, Terminal Illness or TPD cover at any particular time.

## 6. How do the Death and TPD benefits interact?

If you receive a TPD benefit and the amount the Insurer pays is equal to the Death cover amount then your Death and Terminal Illness cover in MIESF ceases. If the amount the Insurer pays is less than the Death cover then the difference between the TPD cover and the Death cover will continue as Death and Terminal Illness cover provided you leave at least \$5,000 in the Fund (or your entire Member Account if lower).

Please note the cessation of cover terms will still apply.

## 7. What are the cover restrictions?

### New members joining after 30 June 2013

If you are an eligible member joining after 30 June 2013, Death, Terminal Illness and TPD cover will be restricted to **Limited Cover** if:

- a) You are not in **Active Employment** on the date cover commences; or
- b) You join MIESF and your first SG contribution is received by MIESF more than 6 months after you commenced work with your employer.

The **Limited Cover** condition will be removed and full cover will be provided if as an eligible member you have been:

- i) Continuously insured for a 2 year period; and
- ii) In **Active Employment** for 2 consecutive months immediately prior to or after the end of the 2 year period.

### Insured Members

For all Insured Members of the Fund, prior to age 65 the Death and Terminal Illness cover is restricted to \$100,000 in the event of death by suicide or any intentional self-inflicted act whether or not sane at the time; or where the death of an Insured Member is caused by the following acts, whether or not sane at the time and whether or not intentional:

- i) Hanging, strangulation, or asphyxiation; or
- ii) Carbon-monoxide poisoning; or
- iii) Self-fired firearm; or
- iv) Taking or injecting any illegal substances, any drugs or medicines that are not prescribed by a registered doctor or any drugs or medicines in a dosage which is contrary to the advice prescribed by a registered doctor.

For all Insured Members, prior to age 65 the Death and Terminal Illness cover is restricted to \$100,000 until one year after the date the Fund receives their first employer contribution. Once the one year has elapsed, the \$200,000 will be payable upon death for any reason except suicide when \$100,000 will be payable subject to the other terms and conditions as outlined in this Insurance Booklet.

Insured Members aged 65 or more have Death cover or Terminal Illness cover of \$35,000, regardless of cause of death/terminal illness or period of Fund membership.

### Members who have their insurance cover reinstated

Members aged 55 to 64 inclusive who have their Death, Terminal Illness and TPD cover reinstated due to the recommencement of employer contributions from a participating employer also have:

- a) Their Death and Terminal Illness cover restricted to \$100,000 until one year after the date the cover was reinstated; and

b) Their TPD cover restricted to **Limited Cover** for 2 years. The **Limited Cover** condition will be removed and full TPD cover will be provided if the member has been:

- i) Continuously insured for a 2 year period since the cover was reinstated; and
- ii) In **Active Employment** for 2 consecutive months immediately prior to or after the end of the 2 year period.

Members aged 65 or more who have their Death or Terminal Illness cover reinstated due to the recommencement of employer contributions from a participating employer after 1 July 2014 will be restricted to **Limited Cover** for at least 2 years if:

- a) They are not in **Active Employment** on the date cover recommences; or
- b) Their first recommenced employer contribution to the Fund was received more than 6 months after they commenced work with the participating employer.

The **Limited Cover** condition will be removed under the same rules as described above.

### Members with Death cover as at 30 June 2013

All MIESF members with Death cover as at 30 June 2013 were provided with Death and Terminal Illness cover under the insurance policy from 1 July 2013. These members were also provided with TPD cover however this was **Limited Cover** for members not in **Active Employment** on 1 July 2013.

The **Limited Cover** will be removed under the same rules as described above.

### Uninsured members as at 30 June 2014 aged 65 to 69 inclusive

Uninsured members of the Fund as at 30 June 2014 who were aged 65 to 69 inclusive were eligible to have insured Death cover of \$35,000 from 1 July 2014 provided they:

- a) had not previously opted out of insurance cover in the Fund; and
- b) they had received an employer contribution from a participating employer into the Fund at some time since 1 July 2011.

The Death cover was restricted to **Limited Cover** for at least 2 years if:

- a) the member was not in **Active Employment** on 1 July 2014; or
- b) their first employer contribution to the Fund was received more than 6 months after they commenced work with the participating employer.

The **Limited Cover** condition will be removed under the same rules as described above.

Similarly Terminal Illness cover of \$35,000 may have applied for members aged 65 to 68 inclusive.

## 8. What is not covered by the insurance?

In addition to the cover restrictions outlined above, no TPD benefit is payable when TPD is a result of attempted suicide or any intentional self-inflicted act whether or not sane at the time, or where the TPD of an Insured Member is caused by the following acts, whether or not sane at the time and whether or not intentional:

- i) Hanging or strangulation; or
- ii) Carbon-monoxide poisoning; or
- iii) Self-fired firearm; or
- iv) Taking or injecting any illegal substances, any drugs or medicines that are not prescribed by a registered doctor or any drugs or medicines in a dosage which is contrary to the advice prescribed by a registered doctor.

In addition, no benefit in respect of an Insured Member will be payable if an Illness or Injury is directly or indirectly caused by:

- a) the Insured Member's service in the armed forces of any country, or international organisation (including armed reserve units), other than the service in the Australian Armed Forces Reserve; or
- b) war or acts of war whether declared or not.

A TPD benefit will not be paid by the Insurer for a condition which the member has received, or is entitled to receive, a total and permanent disablement type benefit or terminal illness type benefit from another superannuation fund or insurance policy prior to receiving TPD cover in MIESF.

## 9. Cover whilst on leave without pay (parental and other leave)

Death, Terminal Illness and TPD cover will continue automatically subject to the terms and conditions of the insurance policy.

When an Insured Member is on approved leave without pay for up to 24 months, the TPD definition that applies in relation to a TPD claim whilst on the approved leave will be based on their working hours at the time of going on leave.

## 10. What happens if you are overseas?

Cover is provided 24 hours a day, 7 days a week for all Insured Members while in Australia or overseas (subject to abiding by all policy conditions such as eligibility and working status).

If you make a TPD claim while outside Australia, the Insurer may require you to return to Australia, at your own expense, before assessing the claim.

## 11. Who gets your Death benefit?

Death cover provides a benefit, in addition to the balance of your Member Account, if the Insurer admits a claim for Death. The Trustee can decide to pay your death benefit to one or more of your dependants. If the Trustee decides you have no dependants, payment can be made to your legal personal representative who is administering your Estate. If the Trustee is reasonably satisfied that you have no legal personal representative, the benefit may be paid (if permitted by Superannuation Law) to one or more individuals as determined by the Trustee.

Under the Fund's Trust Deed, the definition of dependant includes:

- Your **spouse** (including defacto spouse);
- Your **children of any age**, (including a step child, ex-nuptial child or adopted child, or a child born after your death);
- Any person with whom you had an **interdependency relationship** as defined by Superannuation Law; and
- Any other person who was wholly or partially **financially dependent** on you at the time of death or had a legal right to look to you for financial support.

An interdependency relationship exists between two people if they live together in a close personal relationship and one or each of them provides the other with financial and domestic support and personal care.

By completing the Membership Application & Nomination of Dependants form, you have the opportunity to advise the Trustee which dependants you wish to receive your death benefit.

**Your nominations are not legally binding on the Trustee, but will act as a guide. In accordance with the Trust Deed, the Trustee has the absolute discretion to determine the benefit shares and proportions.**

## 12. "Anti-detriment payment"

The Trustee has discretion to include an additional amount in a death benefit payable to your spouse and/or children. This additional amount represents a refund of the contributions tax paid by the Fund on your contributions and is often referred to as an "anti-detriment payment".

## 13. Payment of your TPD benefit

If you become totally and permanently disabled, the balance of your Member Account may become payable. In addition, any insured benefit may also become payable provided that the Insurer admits a claim for TPD.

All TPD benefits must be assessed by the Trustee before any payment is made. The Trustee has no obligation to pay the insured portion of the TPD benefit to the member until it is paid by the Insurer.

To lodge a claim for a TPD benefit, contact MIESF as soon as possible and you will be sent the relevant claim forms. On receipt of the completed claim forms, your claim will be assessed by the Insurer and the Trustee in accordance with the relevant definitions and policy terms.

Where a claim is not accepted by the Insurer, no insured benefit will be payable.

## 14. Key definitions

### Active Employment

“Active Employment” means the member is:

- i) Employed or engaged by an employer; and
  - a. i. is actively performing all the duties and work hours of his or her usual occupation free from any limitation due to Illness or Injury; or
  - ii. is on employer-approved leave for reasons other than Illness or Injury and who would otherwise be capable of performing all the duties and work hours of his or her usual occupation free from limitation due to Illness or Injury; and
- b. in the Insurer’s opinion, is not restricted by Illness or Injury from being capable of performing the duties of his or her usual occupation on a Full Time Basis (even if not then working on a Full Time Basis); and
- c. is not entitled to or receiving income support benefits from any source including workers’ compensation benefits, statutory transport accident benefits and disability income benefits;

or

- ii) is unemployed or Self-Employed; and
  - a. is actively performing, or is capable of actively performing, all the duties and work hours of his or her usual occupation free from any limitation due to Illness or Injury; and
  - b. in the Insurer’s opinion, is not restricted by Illness or Injury from being capable of performing the duties of his or her usual occupation on a Full Time Basis (even if not then working on a Full Time Basis); and
  - c. is not entitled to or receiving income support benefits from any source including workers’ compensation benefits, statutory transport accident benefits and disability income benefits.

### Date of Disablement

“Date of Disablement” means the later of:

1. The date the person due to the Illness or Injury that is the subject of the TPD claim:
  - a. Being employed, ceases all work; or
  - b. Being unemployed, ceases to be able to perform his or her usual occupation.

and

2. The date the person is first certified in writing by a Medical Practitioner as suffering the Illness or Injury which is the subject of the TPD claim being made.

### Employed or Employment

Employed or Employment means being engaged by an employer under a contract of employment or under an award, Australian workplace agreement or certified agreement; or being Self-Employed.

Self-Employed means an individual who is performing activities for remuneration or reward from personal exertion in a business or professional practice of which he or she directly or indirectly owns all or part.

### Full Time Basis

“Full Time Basis” means 35 hours per week.

### Illness

“Illness” means sickness, disease or disorder.

### Injury

“Injury” means bodily injury which is caused solely and directly by external violent and accidental means and is independent of any other cause.

### Insured Member

“Insured Member” means a member of MIESF with Death, Terminal Illness or TPD cover.

### Limited Cover

“Limited Cover” means the Insured Member is only covered for a Death, Terminal Illness or TPD claim arising from:

- a) an Illness that first becomes apparent; or
- b) an Injury that first occurs;

on or after the date the insured cover commenced or recommenced for the Insured Member, as applicable.

### Medical Practitioner

“Medical Practitioner” means, unless the Insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, who is not the Insured Member, their spouse, relative, business partner, shareholder or employee.

Chiropractors, physiotherapists, psychologists and alternative health providers are not regarded as Medical Practitioners.

### Terminal Illness

“Terminal Illness” means:

- two Medical Practitioners have certified in writing that an Insured Member suffers from an Illness, or has incurred an Injury, that is likely to result in death within a period (“the certification period”) that ends not more than 12 months after the date of the certification;
- at least one of the Medical Practitioners is a specialist Medical Practitioner practicing in an area related to the Illness or Injury suffered by the Insured Member;
- the Illness or Injury and certification occurs while the Insured Member has insurance cover in the Fund;
- the certification period has not ended for each of the certificates; and



- the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment the Illness or Injury will lead to the Insured Member's death within 12 months of the date of the certifications.

## Total and Permanent Disablement (TPD)

The Part(s) of the following definition of TPD applicable to an Insured Member with TPD cover will be determined by the Insurer at the time of claim in accordance with the following criteria:

Employment	Part A	Part B	Part C	Part D
Employed for at least 15 hours per week within the 6 months prior to the Date of Disablement	x	x	x	x
Not employed for at least 15 hours per week within the 6 months prior to the Date of Disablement	-	x	x	-

*The calculation of the 15 or more hours per week is averaged over the 6 month period prior to the Date of Disablement (or such shorter period if employed for less than 6 months immediately prior to the Date of Disablement).*

Total and Permanent Disablement means in the Insurer's opinion, an Insured Member:

- is under the care of and following the advice of a Medical Practitioner; and
- meets the permanent incapacity definition under Regulation 1.03C of the SIS Regulations (1994) which is:
 

"Permanent incapacity, in relation to a member means ill-health (whether physical or mental), where the trustee is reasonably satisfied that the member is unlikely, because of the ill-health, to engage in gainful employment for which the member is reasonably qualified by education, training or experience"; and
- Meets one of the following definitions Parts A, B, C or D as applicable:

### Part A – Any Occupation

- solely because of Illness or Injury, has been absent from Employment, or has been continuously unable to accept employment, for at least 3 consecutive months; and
- after consideration of all relevant evidence the Insured Member is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which the Insured Member is reasonably suited by their education, training or experience.

### Part B – Specific Loss

Solely because of Illness or Injury the Insured Member has suffered the permanent loss of:

- the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle); or
- the sight in both eyes; or
- the use of one limb and the sight in one eye.

### Part C – Activities of Daily Living

Solely because of Illness or Injury the Insured Member is unlikely ever to be able to perform at least 2 of the following 6 Activities of Daily Living:

- Dressing – the ability to put on and take off clothing without assistance;
- Bathing – the ability to wash or shower without assistance;
- Toileting – the ability to use the toilet, including getting on and off, without assistance;
- Mobility – the ability to get in and out of bed or a chair without assistance;
- Continence – the ability to control bowel and bladder function; or
- Feeding – the ability to get food from a plate into the mouth without assistance;

where 'assistance' means the assistance of another person.

### Part D – Specific Illnesses or Injuries

The Insured Member may be determined to be eligible for 'Day One' TPD (and therefore waiving the three month waiting period for Part A above) if:

- The Insured Member has been continuously absent from all active work as a result of suffering from any of the 'Day One' TPD Medical Conditions defined below; and
- The Insurer has determined, after consideration of medical and other evidence, that it is unlikely that the Insured Member will ever be able to engage in any gainful work for which they are reasonably suited by education, training or experience and that they are likely to be disabled for life.

## ‘Day One’ TPD Medical Condition Definitions

The following words or expressions used in the definition of TPD have the meanings set out below.

Medical Condition	Definition
<i>cardiomyopathy</i>	Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.
<i>primary pulmonary hypertension</i>	Primary Pulmonary Hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
<i>major head trauma</i>	Injury to the head resulting in neurological deficit causing as certified by a consultant neurologist, either: <ul style="list-style-type: none"> <li>• a permanent loss of at least 25% whole person function (as defined in the American Medical Association publication “Guides to the Evaluation of Permanent Impairment” 4th Edition or an equivalent guide to the evaluation of impairment approved by the Insurer); or</li> <li>• the permanent and irreversible inability to perform without the assistance of another person any one of the following activities of daily living: <ul style="list-style-type: none"> <li>- dressing – the ability to put on and take off clothing;</li> <li>- bathing – the ability to wash or shower without assistance;</li> <li>- toileting – the ability to use the toilet, including getting on and off;</li> <li>- mobility – the ability to get in and out of bed or a chair;</li> <li>- continence – the ability to control bowel and bladder function; or</li> <li>- feeding – the ability to get food from a plate into the mouth.</li> </ul> </li> </ul>
<i>motor neurone disease</i>	Motor neurone disease diagnosed by a consultant neurologist.
<i>multiple sclerosis</i>	The unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to the Insurer. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.
<i>muscular dystrophy</i>	The unequivocal diagnosis of muscular dystrophy by a consultant neurologist.
<i>paraplegia</i>	The permanent loss of use of either legs, or both arms, resulting from spinal cord illness or injury.
<i>quadriplegia</i>	The permanent loss of use of both arms and both legs resulting from spinal cord illness or injury.
<i>hemiplegia</i>	The total loss of function of one side of the body due to illness or injury, where such loss of function is permanent.
<i>diplegia</i>	The total loss of function of both sides of the body due to illness or injury where such loss of function is permanent.
<i>tetraplegia</i>	The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or injury or spinal cord illness or injury.
<i>dementia and Alzheimer’s disease</i>	Clinical diagnosis of dementia (including Alzheimer’s disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person’s Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or AIDS is excluded.

Medical Condition	Definition
<i>Parkinson's disease</i>	<p>The unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:</p> <ul style="list-style-type: none"> <li>• is the established cause of two or more of the following: <ul style="list-style-type: none"> <li>– muscular rigidity</li> <li>– resting tremor</li> <li>– bradykinesia and</li> </ul> </li> <li>• has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.</li> </ul> <p>The person must be following the advice and treatment of a specialist neurologist.</p>
<i>blindness</i>	<p>The permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</p>
<i>loss of speech</i>	<p>The total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.</p>
<i>loss of hearing</i>	<p>Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of illness or injury, as certified by a specialist the Insurer considers appropriate.</p>
<i>chronic lung disease</i>	<p>Permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.</p>
<i>severe rheumatoid arthritis</i>	<p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> <li>• at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> <li>- proximal interphalangeal joints in the hands</li> <li>- metacarpophalangeal joints in the hands</li> <li>- metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle</li> </ul> </li> <li>• simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)</li> <li>• typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> <li>- morning stiffness</li> <li>- rheumatoid nodules</li> <li>- erosions seen on X-ray imaging</li> <li>- the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.</li> </ul> </li> </ul> <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>

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