



Trident Accumulation • Maritime Super Division
Insurance Supplement
1 December 2021

About this Supplement

The information in this Supplement forms part of the Trident Accumulation Product Disclosure Statement (PDS) dated 5 October 2021. You should read the important information in the PDS, this Supplement and the other Supplements before you make a decision about Trident Accumulation.

The information provided in this Supplement (together with the PDS and other Supplements) is general information only and doesn't take into account your personal financial situation or needs. You should obtain financial advice tailored to your personal circumstances from a licensed or authorised financial planner.



Other supplements for this membership category are available by visiting our website at www.maritimesuper.com.au>Resources>Publications>Product Disclosure Statements or by calling Member Services for a hardcopy.

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Issued by Maritime Super Pty Limited (the Trustee)
ABN 43 058 013 773
AFSL No. 348197
RSE Licence No. L0000932

Maritime Super (the Fund)
ABN 77 455 663 441
RSE Registration No. R1001747
MySuper Authorisation No. 77455663441220

Your insurance options at a glance

Insurance is an important benefit and a key part of a sound financial plan, providing you and your family with financial support if you suffer from injury or illness.

Maritime Super's insurance cover caters specifically for the maritime industry, taking into account the key roles and risks within the industry and offering generally lower premium rates than individual insurance policies with similar benefits.

Three types of insurance cover are available through Maritime Super:

- **Death cover** – provides a lump sum benefit to your beneficiaries in the event of death before age 65. An advance payment of your Death cover may be made if you are Terminally Ill (see 'Glossary').
- **Total and Permanent Disablement (TPD) cover** – provides a lump sum benefit in the event of you becoming Totally and Permanently Disabled (see 'Glossary') before age 65.
- **Income Protection cover** – provides a monthly income payment for a maximum of two years, up to age 65, should you be unable to work due to Sickness or Injury (see 'Glossary').

You may be eligible for Default Death & TPD cover and Basic Income Protection cover which is provided to you automatically when you join Trident Accumulation. Please see 'Eligibility for Death & TPD cover' on page 2 and 'Eligibility for Income Protection cover' on page 4 to see if you qualify. You can also apply for additional Death only and/or Death & TPD cover at any time which will be subject to acceptance by the Fund's Insurer and may require the completion of medical questionnaires and the provision of health evidence.

Trident Accumulation insurance key features:

- Eligible members automatically receive Default Death & TPD and Basic Income Protection cover without any medical evidence.
- Trident LNG Shipping Services Pty Ltd ('Trident') meets the cost of your Default Death & TPD and Basic Income Protection cover.
- You can apply for Voluntary insurance for Death and Death & TPD cover, subject to approval by the Insurer.
- You can apply for Voluntary Death & TPD cover of up to \$2 million in total.
- If you have insurance cover with another super fund, you may be able to transfer that cover to Maritime Super without the need to be underwritten by the Insurer.

Important - default cover eligibility restriction

If you are under 25 years of age or your account balance has not exceeded \$6,000, you will not be eligible for default Death & TPD or Income Protection cover unless:

- your employer pays your premiums
- you are employed in a dangerous occupation
- you have elected to have default cover by completing the relevant form.

Your insurance cover is provided under an insurance Policy (see 'Glossary') provided to the Trustee by MLC Limited ('the Insurer') ABN 90 000 000 402, AFSL 230694.

Death & TPD cover

There are three occupation categories for insurance purposes: Heavy Blue Collar, Light Blue Collar and White Collar (see the 'Glossary' for these definitions).

Eligibility for Death & TPD cover

Default Death and Default TPD cover is provided automatically to Trident Accumulation members if:

- you join Maritime Super in respect of your first day of employment with Trident
- we have enough information to assess your eligibility
- if you are under 25 years of age or your account balance remains below \$6,000, your employer meets the cost of your insurance or you have elected to have cover; and
- Trident makes employer contributions to Maritime Super on your behalf.

To be eligible for Death & TPD cover, you must also be:

- at least age 15 but less than 70; and
- an Australian citizen, permanent resident, temporary work visa (see 'Glossary') holder or a New Zealand national who is working for an Australian employer (and eligible to work under Australian law).

If you are not eligible for Default Death & TPD cover, you will not later qualify for Default Death & TPD cover.

If you've been paid, or are eligible to be paid, a TPD or Terminal Illness benefit from the Fund, you will not be eligible for cover.

Default Death & TPD cover

When you join Trident Accumulation, you are automatically provided with Default Death & TPD insurance cover up to the Automatic Acceptance Limit (see 'Glossary') of \$900,000, subject to eligibility conditions (see 'Eligibility for Death & TPD cover' above).

Your Death & TPD benefit is calculated as:

$$\begin{aligned} &20\% \times \text{your salary at the date of death or TPD} \\ &\quad \times \text{future service to age 65} \\ &\quad + \\ &\quad \text{Your account balance} \end{aligned}$$

Your level of Default Death & TPD cover is generally the difference between this benefit amount and your total Trident Accumulation account balance. If your Default cover exceeds the Automatic Acceptance Limit (AAL), you can apply to the Insurer for the extra cover which is subject to their acceptance (see 'Applying for Death & TPD cover' on page 4).

Your Default Death & TPD benefit will automatically change as the value of the components that are used to calculate the benefit change. This includes changes in your salary as they occur. However, if a change in one of the components (including your salary) results in your Death & TPD sum insured increasing above the AAL of \$900,000 and any Forward Underwriting Limit (see 'Glossary') that applies to you, you will need to apply and be accepted for the increases in cover before you will be entitled to the benefit.

Voluntary Death only or Death & TPD cover

You may increase your Death & TPD cover by applying for units of Voluntary Death only and/or Voluntary Death & TPD cover. You can also apply to take up Voluntary cover if you don't qualify for Default cover.

Amount of Voluntary cover

Voluntary Death only and Voluntary Death & TPD cover is provided in units with each unit providing a specific amount of cover for your age and occupation as shown in the table on page 3.

Getting the right cover

It's important that your occupation category is assessed correctly so you have the right level of cover and related premium. See 'Determining your occupation category' on page 6 for information on assessing your occupation category.

Example

Michael is aged 40 as at last 1 July and works in a Light Blue Collar occupation. His salary is \$125,000. He has 10 years service with Trident and 25 prospective years of service.

His total account balance is \$200,000.

Michael's Default Death & TPD benefit is:

$$\begin{aligned} &= (20\% \times \$125,000 \times 25) + \$200,000 \\ &= \$825,000 \end{aligned}$$

Michael determines that he needs another \$68,000 of Death & TPD cover, so he applies for an additional 2 units of Voluntary cover:

$$\begin{aligned} &= \$68,000 / \$34,000 \text{ (from the table on page 3)} \\ &= 2 \text{ units.} \end{aligned}$$

Michael's total Death & TPD benefit is:

$$\begin{aligned} &= \$825,000 + \$68,000 \\ &= \$893,000. \end{aligned}$$

Applying for Death & TPD cover

As a new Trident Accumulation member, you are automatically eligible for Default Death & TPD cover up to the AAL of \$900,000. If you don't satisfy the conditions for eligibility, you can apply to be underwritten by the Insurer.

The total Death and TPD cover you can hold within the Fund can be up to \$2 million. The form you need to complete if want to apply for Voluntary cover, or if your Default cover exceeds the AAL, is:

- **if you are less than 55 years of age and require total Death only or Death & TPD cover of up to \$1 million** – complete the *Apply or increase cover form* included in your Welcome pack when you join. This form is also available from www.maritimesuper.com.au or by calling Member Services.
- **if you are 55 years of age or over, or require total Death only or Death & TPD cover of more than \$1 million** – complete the MLC Limited *Full Personal Statement*, available from www.maritimesuper.com.au or by calling Member Services.

Acceptance for Voluntary cover is subject to assessment and approval by the Insurer. The Insurer may also request further medical evidence or statements to assess your application.

Benefit value for 1 unit of Death & TPD cover

Age at last 1 July	Heavy Blue Collar		Light Blue Collar		White Collar	
	Death only	Death & TPD	Death only	Death & TPD	Death only	Death & TPD
15	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
16	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
17	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
18	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
19	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
20	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
21	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
22	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
23	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
24	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
25	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
26	\$85,000	\$62,000	\$90,000	\$65,000	\$142,000	\$99,000
27	\$83,000	\$61,000	\$90,000	\$63,000	\$142,000	\$98,000
28	\$81,000	\$58,000	\$90,000	\$61,000	\$142,000	\$98,000
29	\$79,000	\$56,000	\$90,000	\$59,000	\$142,000	\$96,000
30	\$77,000	\$52,000	\$90,000	\$57,000	\$142,000	\$95,000
31	\$75,000	\$49,000	\$90,000	\$55,000	\$142,000	\$94,000
32	\$73,000	\$47,000	\$90,000	\$53,000	\$142,000	\$92,000
33	\$71,000	\$44,000	\$90,000	\$50,000	\$142,000	\$90,000
34	\$69,000	\$41,000	\$90,000	\$47,000	\$142,000	\$84,000
35	\$67,000	\$38,000	\$90,000	\$46,000	\$142,000	\$81,000
36	\$63,000	\$35,000	\$88,000	\$44,000	\$140,000	\$76,000
37	\$59,000	\$32,000	\$84,000	\$41,000	\$133,000	\$72,000
38	\$55,000	\$29,000	\$80,000	\$39,000	\$129,000	\$67,000
39	\$51,000	\$26,000	\$76,000	\$37,000	\$120,000	\$63,000
40	\$47,000	\$24,000	\$71,000	\$34,000	\$116,000	\$59,000
41	\$43,000	\$22,000	\$67,000	\$31,000	\$108,000	\$54,000
42	\$41,000	\$20,000	\$63,000	\$28,000	\$102,000	\$50,000
43	\$39,000	\$18,000	\$59,000	\$26,000	\$94,000	\$46,000
44	\$38,000	\$16,000	\$54,000	\$24,000	\$88,000	\$41,000
45	\$34,000	\$14,000	\$50,000	\$21,000	\$80,000	\$37,000
46	\$31,000	\$13,000	\$46,000	\$19,000	\$74,000	\$34,000
47	\$28,000	\$11,000	\$41,000	\$17,000	\$67,000	\$30,000
48	\$25,000	\$10,000	\$38,000	\$15,000	\$61,000	\$27,000
49	\$23,000	\$9,000	\$34,000	\$14,000	\$55,000	\$24,000
50	\$20,000	\$8,000	\$30,000	\$12,000	\$49,000	\$21,000
51	\$18,000	\$7,000	\$27,000	\$11,000	\$44,000	\$19,000
52	\$16,000	\$6,000	\$24,000	\$10,000	\$40,000	\$17,000
53	\$15,000	\$5,000	\$22,000	\$8,000	\$35,000	\$15,000
54	\$13,000	\$5,000	\$19,000	\$7,000	\$31,000	\$13,000
55	\$12,000	\$4,000	\$17,000	\$6,000	\$28,000	\$11,000
56	\$11,000	\$4,000	\$15,000	\$6,000	\$25,000	\$10,000
57	\$10,000	\$3,000	\$14,000	\$5,000	\$22,000	\$9,000
58	\$9,100	\$3,000	\$12,000	\$4,000	\$20,000	\$8,000
59	\$8,200	\$3,000	\$11,000	\$4,000	\$18,000	\$7,000
60	\$7,400	\$2,000	\$10,000	\$3,000	\$16,000	\$6,000
61	\$6,700	\$2,000	\$8,000	\$3,000	\$14,000	\$5,000
62	\$6,100	\$2,000	\$7,000	\$3,000	\$12,000	\$4,000
63	\$5,600	\$2,000	\$7,000	\$2,000	\$11,000	\$4,000
64	\$5,100	\$2,000	\$6,000	\$2,000	\$9,000	\$3,000

Cost of Death & TPD cover

Trident meets the cost of your Default Death & TPD cover. The premium will be deducted from your account and will be matched by an equal contribution from Trident. There is no net cost to you.

The cost of any Voluntary cover is \$1.00 per unit per week deducted from your account at the start of cover in the first year (pro rata) and then annually in advance on 1 July.

Premiums for Voluntary cover are first deducted from your Company Contribution and 3% Employer Contribution sub-accounts. If the balance in these sub-accounts is insufficient, premiums are deducted from other sub-accounts in the following order: Salary Sacrifice Bonus, Member Contribution, Rollover.

Example

From the previous example, Michael has Default Death & TPD cover of \$925,000 and 2 units of Voluntary Death & TPD cover.

The annual Voluntary insurance premium is:
 $\$1.00 \times 52 \text{ weeks} \times 2 \text{ units}$
 $= \$104.00 \text{ pa}$

Your level of cover will vary year to year based on your age, while the cost of your cover will stay the same. Premium rates and cover levels may change in the future under the Policy and the rules of the Fund. The Trustee will give you at least 30 days notice before any increase in premium rates takes effect.

Income Protection cover

Income Protection cover provides a replacement income when Sickness or Injury prevents you from working. To receive this replacement income, you must satisfy the definition of Total Disablement or Partial Disablement (see 'Glossary') under the terms of the Policy and have your claim accepted by the Insurer.

Eligibility for Income Protection cover

To be eligible for Basic Income Protection cover (up to the AAL of \$8,000 per month) when joining Trident Accumulation:

- you must join the Fund with effect from the day you started employment with Trident
- if you are under 25 years of age or your account balance remains below \$6,000, your employer meets the cost of your insurance or you have elected to have cover; and
- the information to assess your eligibility must be provided within 150 days of the later of joining the Fund and starting with Trident.

To be eligible for Income Protection cover, you must also be:

- at least age 15 but less than 65; and
- an Australian citizen, permanent resident, temporary work visa holder or a New Zealand national who is working for an Australian employer (and eligible to work under Australian law).

Basic Income Protection cover

When joining, you may automatically qualify for Basic Income Protection cover, subject to meeting eligibility conditions (see 'Eligibility for Income Protection cover' above).

Basic Income Protection cover can provide you with a monthly benefit of up to 75% of your salary to a maximum of \$8,000 per month payable for up to two years, up to age 65.

A waiting period of 90 days applies before you can claim a benefit.

High salary earners

If you earn more than \$192,000 per year, your Basic Income Protection cover will exceed the AAL of \$8,000 per month; that is:

$$\begin{aligned} &= \$192,000 \times 75\% \\ &= \$96,000 / 12 \\ &= \$8,000 \end{aligned}$$

In this case, you can apply for cover above the AAL which is subject to acceptance by the Insurer. To apply, complete the MLC Limited *Full Personal Statement* which is available from www.maritimesuper.com.au or by calling Member Services.

Cost of Income Protection cover

Trident will meet the cost of Basic Income Protection cover by making a matching contribution to your account on the same day the premium is deducted.

Getting the right cover

Your Basic Income Protection cover will not be affected by an incorrect occupation category classification. However, it's important that your occupation category is assessed correctly if you decide to purchase Voluntary Income Protection cover. See 'Determining your occupation category' on page 6 for information on assessing your occupation category.

Benefit payment

The monthly benefit payable on Total Disablement will be the lesser of:

- the amount insured; and
- 75% of your salary (or the maximum approved by the Insurer if you have applied for increased cover) to a maximum of \$20,000 per month.

Your Income Protection benefit will also be reduced by any payments made under workers compensation or similar state or federal legislation, motor accident compensation, social security, other insured and super payments being paid as a result of injury or sickness, any other insurance benefits in relation to the injury or sickness (whether claimed or not) as well as sick leave payments. Any other salary received from your employer will also reduce your Income Protection benefit.

Partial Disablement

The monthly benefit payable on Partial Disablement is calculated as:

$$\frac{\text{Pre-disability monthly salary} - \text{actual monthly salary earned}}{\text{Pre-disability monthly salary}} \times \text{Total Disablement Monthly Benefit}$$

Basic Income Protection cover of 75% of salary

Age at last 1 July	90-day waiting period		
	Heavy Blue Collar	Light Blue Collar	White Collar
15	\$3.88	\$1.88	\$1.11
16	\$3.94	\$1.89	\$1.12
17	\$3.99	\$1.92	\$1.13
18	\$4.02	\$1.95	\$1.13
19	\$4.04	\$1.97	\$1.15
20	\$4.08	\$1.98	\$1.17
21	\$4.13	\$1.98	\$1.17
22	\$4.15	\$1.98	\$1.17
23	\$4.15	\$1.99	\$1.17
24	\$4.13	\$1.98	\$1.17
25	\$3.93	\$1.88	\$1.12
26	\$3.78	\$1.82	\$1.08
27	\$3.63	\$1.74	\$1.03
28	\$3.56	\$1.71	\$1.01
29	\$3.53	\$1.69	\$1.01
30	\$3.56	\$1.71	\$1.01
31	\$3.60	\$1.74	\$1.02
32	\$3.68	\$1.78	\$1.05
33	\$3.86	\$1.85	\$1.11
34	\$4.01	\$1.92	\$1.13
35	\$4.22	\$2.02	\$1.20
36	\$4.51	\$2.14	\$1.27
37	\$4.85	\$2.33	\$1.38
38	\$5.26	\$2.53	\$1.51
39	\$5.75	\$2.75	\$1.64
40	\$6.23	\$2.98	\$1.78
41	\$6.80	\$3.25	\$1.93
42	\$7.42	\$3.56	\$2.13
43	\$8.23	\$3.94	\$2.37
44	\$9.15	\$4.39	\$2.60
45	\$10.17	\$4.87	\$2.91
46	\$11.40	\$5.46	\$3.25
47	\$12.76	\$6.14	\$3.63
48	\$14.24	\$6.83	\$4.05
49	\$15.92	\$7.63	\$4.53
50	\$17.76	\$8.51	\$5.04
51	\$19.88	\$9.55	\$5.65
52	\$22.24	\$10.68	\$6.34
53	\$24.87	\$11.96	\$7.08
54	\$27.86	\$13.38	\$7.93
55	\$31.18	\$14.98	\$8.86
56	\$34.83	\$16.74	\$9.89
57	\$38.95	\$18.75	\$11.06
58	\$43.58	\$21.00	\$12.37
59	\$48.68	\$23.44	\$13.81
60	\$54.34	\$26.20	\$15.42
61	\$60.35	\$29.09	\$17.09
62	\$49.94	\$24.07	\$14.14
63	\$37.64	\$18.15	\$10.68
64	\$15.23	\$7.34	\$4.32

Other important insurance information

Determining your occupation category

Since Trident funds your Default Death & TPD cover and Basic Income Protection cover, an incorrect assessment of your occupation will not affect the level of cover you receive. However, it is important your occupation is assessed correctly if you decide to purchase Voluntary insurance or if your cover is transferred to another membership category as Voluntary cover when you leave Trident.

Occupation classification is done on a self-assessment basis. If you are not comfortable with classifying your occupation, you can provide details of your duties and we will do this for you. You can provide your occupation details when joining using the *Membership application – Trident Accumulation* in the PDS or the *Insurance variation – sub-fund form*.

If we have not received enough information to assess your occupation within 90 days of the date of your welcome letter, we will determine your occupation category by default as Light Blue Collar.

Change in occupation category

If you change your occupation or think your occupation category is not correct, you can apply to have it changed for your cover, but only if:

- you have not been off work due to sickness or injury for four or more weeks in the last 12 months
- you have not been diagnosed with a Terminal Illness; and
- you are in Active Employment at the time of requesting the reassessment of your occupation.

Otherwise, where new category accepted, Limited Cover only will be provided for any increase in Death only or Death & TPD cover as a result of your occupation change until you are in Active Employment for 30 consecutive days.

Applications to have your occupation category changed can be made by completing the *Change of occupation category form* available from www.maritimesuper.com.au or by calling Member Services. A change in occupation category only takes effect if accepted by the Fund.

When your cover starts

If you join Maritime Super within 150 days of starting with Trident, your Default Death & TPD cover and Basic Income Protection cover within the respective AALs will start automatically (if eligible) from the first day of employment in respect of which Trident makes a Superannuation Guarantee contribution to your total Trident Accumulation account.

You must be in Active Employment on the day cover starts; otherwise only Limited cover will be provided until you return to Active Employment for 30 consecutive days.

If you join the Fund more than 150 days after starting with Trident, your Default Death & TPD cover and Basic Income Protection cover within the respective AALs will start from the date you join the Fund. Limited Cover will be provided for the first 24 months and until you return to Active Employment for 30 consecutive days immediately prior to or after the expiration of this 24 month period thereafter. Additionally, no benefit is payable within the first 24 months where:

- your death is a result of suicide or a Terminal Illness that has been diagnosed at the date cover starts; or
- your TPD is a result of attempted suicide, intentional self-inflicted injury or infection.

Any Default Death & TPD cover above the AAL, any Basic Income Protection cover above the AAL and any FUL, as well as any Voluntary cover will start from the date your application is approved and accepted by the Insurer. If your cover is subject to special conditions or exclusions, the Insurer will need to receive and accept your agreement to the terms offered before your cover will start.

If you did not have default cover because you were under 25 years old or your account balance remained below \$6,000, and you did not elect to have cover, cover will start when you reach 25 and your account balance reaches \$6,000. You must be in Active Employment on the day cover starts; otherwise, only Limited cover will be provided until you return to Active Employment for 30 consecutive days.

Interim accidental cover

If you apply for cover that requires assessment by the Insurer, you will receive interim accidental cover at no cost from the date your application is received by the Insurer until the earlier of:

- the date your cover for application is either accepted or rejected by the Insurer
- the date you withdraw your application for cover; or
- 180 days in the case of Death only or Death & TPD cover and 90 days in the case of Income Protection cover from the date your application for cover is received by the Insurer.

The amount of interim accidental cover for Death only or Death & TPD cover is limited to the lesser of cover you applied for and \$1.5 million.

The amount of interim accidental cover for Income Protection cover is limited to the lesser of cover you applied for and \$10,000 per month and is subject to the waiting period you've applied for (or 90 days by default).

Interim accidental cover does not cover death or a disability arising directly or indirectly as result of any of the following:

- you engaging in any sport or pastime that the Insurer would not normally cover at standard rates or terms
- any injury, sickness or disease that occurred (or that a reasonable person would have been aware of) prior to your application for cover
- any other exclusion described in the Policy.

When cover stops

Your insurance cover will stop on the earliest of the following events:

- the last day of the month in which you turn age 65
- you die
- you have not elected to be provided with default cover and:
 - your account is deemed inactive where no contributions have been received for 16 months or more in accordance with the Protect your super legislation
 - you are under 25 years old and cease to be employed in a dangerous occupation or your employer ceases to meet the cost of your insurance cover
 - your account balance has not exceeded \$6,000 and you cease to be employed in a dangerous occupation or your employer ceases to meet the cost of your insurance
- you leave the Fund
- in respect of cover you pay for, there is not enough money in your account to pay the premium in full when it falls due
- in respect of cover you pay for, we receive notice in writing that you would like to cancel your cover
- you use the total of your Maritime Super benefit to purchase a pension in the Fund
- 30 days after you should have returned to work in Australia after being seconded overseas (for a period of not more than four years, unless the Insurer agrees to a longer period of leave)
- if you are a temporary work visa holder or a New Zealand national, you leave Australia (other than on a temporary basis as a seafarer) or are no longer eligible to work under Australian law
- four years (unless the Insurer agreed to a longer period) after you are seconded overseas, unless you have returned to work in Australia
- the day you make a valid choice for your SG contributions to be made to another fund (under Choice of Fund legislation)
- the date the Insurer accepts your continued cover application (see 'Continued cover')
- for Death & TPD cover:
 - an insured benefit is paid or becomes payable. However, if a TPD benefit is paid and your Death cover is greater than your TPD cover, the remaining Death cover will continue
 - a Terminal Illness benefit is paid or becomes payable
 - in respect of Default cover, you leave Trident (subject to any continuation option or cover continuing in the Retained Benefits or Accumulation Advantage category)
- for TPD cover:
 - a TPD benefit is paid or becomes payable
 - you permanently retire from the workforce
 - 30 days after you should have returned to work after the end of an agreed period of approved leave of up to 24 months (or any longer period approved by the Insurer)

- for Income Protection cover:
 - you permanently retire from the workforce
 - in respect of Basic cover, the day you stop for working for Trident (subject to any continuation option or cover continuing in the Retained Benefits or Accumulation Advantage categories of membership)
 - in respect of cover you pay for, you become eligible for Basic Income Protection cover in another membership category of Maritime Super
 - 30 days after you should have returned to work after the end of an agreed period of approved leave of up to 24 months or the first anniversary of approved leave that extends beyond 24 months
 - six months after the end of the month in respect of which the last employer contribution is received for your account but ignoring late payments (or if you are self-employed, 12 months after the last contribution or deposit is received for your account), provided you were not on approved leave for 12 months (see 'Parental leave or approved leave'), unless you are in receipt of Income Protection benefits.

Parental leave or approved leave

You will continue to be covered when on approved parental or approved leave without pay. In the case of TPD and Income Protection cover, cover will continue for a period not exceeding 24 months from the start of the leave, provided you have agreed to a 'return to work' date and the premium for your cover continues to be paid. Where you do not return to work on the agreed date, your TPD and Income Protection cover will automatically stop 30 days after the agreed date.

You also have the option to apply to the Insurer to have your TPD cover extended for periods of leave in excess of 24 months. Contact Member Services for more information.

Continued cover

If you transfer to another membership category of Maritime Super, your Default or Basic cover will convert to Voluntary units of cover, where your original Default or Basic cover amount is greater than the new category Default or Basic cover amount. This provision will be applied once only across any movement between membership categories. Please note that on transferring to another membership category, you may become responsible for paying the premiums. If you are under 25 years old or your account balance has not exceeded \$6,000 cover may cease unless you elect to retain cover.

If you decide to cancel this cover and you provide written notice within 30 days of the letter notifying of your change of category, we will refund the premiums.

Transferring cover

If you have insurance with another super fund you can, subject to eligibility, transfer your cover to Maritime Super. If you are under age 55, you may apply to transfer your cover in from another super fund. The insurer will assess your application to transfer and subject to underwriting will approve or decline transfer of cover. Call Member Services for more information.

Declining, cancelling or reducing cover

You cannot decline, cancel or reduce your Default Death & TPD cover but you can apply to increase, reduce or cancel Voluntary Death & TPD cover at any time.

You cannot cancel Basic Income Protection but you can cancel Voluntary Income Protection cover at any time.

If you wish to reduce units or cancel Voluntary cover, you can do so by completing a *Cancel or reduce cover form*, available from www.maritimesuper.com.au or by calling Member Services.

Recommencing cover

If you cancel your cover you can apply to have it reinstated. However, your application will be subject to assessment and acceptance by the Insurer. See 'Voluntary Death only and Death & TPD cover' on page 2 for information on applying for cover.

Where cover has been cancelled because you are under 25 years old, your account balance has not exceeded \$6,000 or your account has been inactive for 16 months, you can write to us to reinstate your cover within 60 days of the date cover ceased.

Where cover has stopped involuntarily (where there is not enough money in your account to pay your Voluntary cover premium) your cover will be reinstated in certain circumstances as described in the Policy.

Please note that reinstatement of Default Death & TPD cover never applies if you did not qualify for Default cover when joining.

Worldwide cover

Your insurance cover will normally continue for a period of time when overseas, unless you are a temporary work visa holder or New Zealand national.

When you are traveling or holidaying overseas (other than to a war zone), cover will generally be provided for a period of up to three months.

If you are seconded and working overseas (other than to a war zone), insurance cover will continue for a period of up to four years (or longer with approval from the Insurer).

However, if any of the overseas countries where you live, are seconded and working, or are travelling or holidaying have been issued with a Department of Foreign Affairs and Trade 'Do not travel' advisory at the time you leave Australia, you will not be covered while you are in that country.

Also, if the Insurer is not satisfied with the assessment of a claim made overseas, they have the right to request your return to Australia (at your own expense) for claims assessment before payment of any insured benefits.

Temporary work visa holders and New Zealand nationals will not be covered outside Australia unless you travel outside Australia on a temporary basis in a seagoing occupation, or you are employed by, and are receiving an income from, an Australian employer.

Privacy and your insurance

For information about your privacy as it relates to insurance arrangements with the Insurer, refer to a copy of the MLC Limited privacy policy, available on their website at www.mlc.com.au.

Making a claim

Death

If you die while you are covered under the Policy, the Trustee will make a claim for payment of your Death cover from the Insurer. Once admitted, the amount insured will form part of your Death benefit.

The cover amount will be determined at the date of death, up to the amount of cover which has been accepted (see 'Default Death & TPD cover' on page 2).

In the event a Terminal Illness benefit is paid, your remaining benefit will be adjusted.

Terminal Illness

If you are diagnosed with a Terminal Illness, you may apply for a prepayment of your Death cover. You must have become Terminally Ill while covered under the Policy and remain Terminally Ill to lodge a claim. The cover amount for your claim will be based on the later of the two dates on which the Medical Practitioners gave their certification that you are suffering from a Terminal Illness.

If you wish to make a claim for a Terminal Illness insured benefit, you will need to complete a claim form and provide a report from a Medical Practitioner who is a specialist in the area of your injury or sickness which states that it is likely that your condition will result in your death within 12 months. You will also need to supply a report from another Medical Practitioner certifying that you are Terminally Ill.

After you have lodged your claim, you may be required to undergo one or more medical examinations before the Insurer can determine whether you satisfy the Policy definition of Terminal Illness. Any sum insured admitted by the Insurer will be added to your benefit and will become payable in accordance with the rules of the Fund and super law.

Total & Permanent Disablement

If you wish to make a claim for a TPD benefit, you will have six years within which to make a claim of ceasing employment due to the event causing the claim, or if not employed, the date of the event. However, you should contact the Fund as soon as possible as it is in your interest to lodge your claim immediately. You will need to complete a claim form and provide at least one doctor's report in support of your claim.

In the event of a claim, the cover amount will be determined at the date you were last actively at work as a result of your injury or sickness or, if you are not employed when you are injured or first display the symptoms of your sickness, the date the Insurer determines that you first become Totally and Permanently Disabled.

After you have lodged your claim, you may be required to undergo one or more medical examinations to determine whether you satisfy the Policy definition of Total and Permanent Disablement. The Insurer may also take into account any retraining and/or rehabilitation you could acquire in the future, to determine whether you satisfy the Policy definition.

It can often take some time to obtain all the information required for the Trustee and the Insurer to make an informed decision and for your claim to be finalised. We will try to process your claim as quickly as possible and to keep you informed of the progress of your claim.

Any sum insured admitted by the Insurer will be added to your benefit in accordance with the rules of the Fund and super law. You should note that before you can be paid a TPD benefit you must also satisfy a 'condition of release' under super law. Call Member Services to find out more.

Income Protection

If you wish to make an Income Protection claim, you will need to complete a claim form and provide at least one doctor's report in support of your claim. If your claim is not lodged with the Trustee within a reasonable time, it may not be accepted.

Whether you receive an Income Protection benefit, and the amount of your benefit, will be based on whether you satisfy the definition of Total Disablement or Partial Disablement (see 'Glossary').

The benefits will be increased by the lesser of the Consumer Price Index (CPI) and 5% after you have continued to receive Income Protection benefits for 12 consecutive months.

The Income Protection monthly benefit will continue until the earliest of the following events:

- you recover and no longer satisfy the Total Disability and Partial Disability definitions
- you die
- you've received your 24th monthly payment (i.e. expiry of the two-year benefit period)
- you held a temporary work visa or are a New Zealand national and leave Australia permanently or are no longer eligible to work under Australian law; or
- you turn age 65.

To receive payments, you may be required to provide medical evidence each month to the Insurer to demonstrate that your Sickness or Injury is ongoing.

Recurrent disability

If your disability recurs within six months of Income Protection payments ceasing, a claim arising from the same or related cause is treated as a continuation of the previous claim and the Waiting period is waived. However, the maximum benefit period will be adjusted to take into account prior claim payments. A claim arising from the same or related cause will be treated as a separate claim if it occurs after you have returned to work for at least six months.

Rehabilitation expenses

Where the Insurer determines that you meet the Policy definition of Total Disablement, the Insurer will determine if rehabilitation services will assist your ability to return to work.

In determining rehabilitation services, the Insurer will take into account:

- your current or potential capabilities
- available medical evidence; and
- the nature, scope, objective and costs of any rehabilitation or retraining program.

The Insurer may require an examination(s) to assist in designing and implementing a rehabilitation program that is appropriate for you to participate in, based on appropriate medical evidence. Participation in any rehabilitation or retraining program is compulsory for you where deemed appropriate by the Insurer.

Rehabilitation expenses approved by the Insurer will be reimbursed up to an amount equivalent to six monthly payments, provided the expenses relate to a rehabilitation program designed to return you to work.

Once an approved rehabilitation program has commenced you must complete it. Where you cease to participate in the approved program, the Insurer will require written documentation outlining the reasons for your inability to continue with the rehabilitation program. Where you are not available or choose not to co-operate or participate in the duration of the program, your claim will cease. The Insurer will only exercise this right where it reasonably believes that the rehabilitation program remains appropriate for you.

Death whilst on claim

If you die while receiving Income Protection payments, the Insurer will pay an additional amount equal to three months' Income Protection benefit, which will form part of your Death benefit payable from the Fund.

When benefits are not payable

There are certain circumstances when a Death and/or TPD insured benefit will not be payable. No insured benefits will be payable if:

- you've been paid, or are eligible to be paid, TPD benefits or Terminal Illness benefits, and you will not be eligible for default Death and TPD cover
- your claim is caused wholly or partly, directly or indirectly as a result of active service in the armed forces of any country or international organisation or any act of invasion or war, whether declared or undeclared, in which the Commonwealth of Australia's armed forces are involved, or your country of residence (including temporary residence) is involved; or
- your claim relates to any other circumstances or restriction advised to you in writing before you make a claim.

No Voluntary insured benefits will be payable if your claim is caused wholly or partly, directly or indirectly, as a result of:

- any deliberate self-inflicted injury, attempted suicide or self-destruction while either sane or insane (for TPD cover); or
- death from suicide within 13 months of cover starting or being reinstated.

There are certain circumstances when an Income Protection benefit will not be payable. No insured benefits will be payable if your claim is caused by:

- any intentional self-inflicted, attempted suicide or self-destruction while sane or insane
- active service in the armed forces of any country or international organisation or any act of invasion or war, whether declared or undeclared, in which the Commonwealth of Australia's armed forces are involved, or your country of residence (including temporary residence) is involved; or
- an uncomplicated pregnancy, childbirth or miscarriage.

In addition, an insured benefit may not be payable in the event of omissions or false or misleading information you've provided to the Insurer or Trustee in any application for cover.

Glossary

The information provided in this Supplement is a summary only. The full insurance terms and conditions, including payment of benefits, are contained in the Policy document. The Trustee reserves the right to alter the terms and conditions of the Policy, including cover amounts and premiums.

Active Employment – means:

- if Gainfully Employed, that you are engaged in your normal duties without limitation or restriction due to sickness or injury and are working normal hours on the relevant date
- that you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, casual or contractual basis or you may not currently be Gainfully Employed; and
- that you are not receiving and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

If you are on leave, paid or unpaid, other than leave in connection with sickness or injury, you will be considered to be in Active Employment. Refer below for the definition of 'Gainfully Employed'.

Automatic Acceptance Limit (AAL) – is the limit set by the Insurer below which Basic or Default insurance will be provided without the need to answer questions about your health, lifestyle or pastimes. In Trident Accumulation, the AAL for Default Death & TPD cover is \$900,000 and for Basic Income Protection cover it is \$8,000 per month. Basic or Default insurance cover above the AAL is only provided following assessment and acceptance by the Insurer.

Dangerous occupation – means an occupation published on our website that the Trustee has determined to be risky based on actuarial data.

Forward Underwriting Limit (FUL) – means the level and type of insurance determined by the Insurer after the assessment of a member's application for insurance, below which future increases in cover will be automatically provided without answering questions about their health and pastimes.

Gainful Employment or Gainfully Employed – means employed for gain or reward in a business, trade, profession, vocation, calling, occupation or employment.

Heavy Blue Collar – as an occupation category means:

- skilled workers (i.e. in trade-qualified occupations) and unskilled blue collar workers performing Manual Duties (refer below), including, but not limited to, stevedores; or
- workers in any occupation or employment where employment is spent on a ship, tug, offshore vessel or on the water, including, but is not limited to, occupations of seaman, integrated rating and steward.

The Heavy Blue Collar category also includes people without an occupation or who are not Gainfully Employed (refer above).

Income – for the purpose of Income Protection cover means:

- for a permanent employee - the salary package paid to you by your Employer including salary, fees, regular bonuses, regular commissions, regular overtime, shift allowances and items in lieu of cash (e.g. salary sacrificed items) but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from your Employer. In the event of a claim, where you have been working in a normal capacity and you subsequently reduce your hours over the sixty (60) days immediately prior to the date of disability as a result of the same illness or injury giving rise to the claim, your income will be calculated as the income immediately prior to your hours being reduced, otherwise at the date of disability
- for a non-permanent employee or a casual or those between jobs – the salary package paid to you by your Employer including salary, fees, regular bonuses, regular commissions, regular overtime, shift allowances and items in lieu of cash (e.g. salary sacrificed items) but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). In the event of a claim, income will be based on the income received by you over the 12 months immediately prior to the date of disability
- for a self-employed person – where you directly or indirectly own all or part of the business from which you earn your usual income, the total amount earned by the business over the financial year as a direct result of your personal exertion or activities through your usual occupation, less your share of business expenses, but before the deduction of income tax, for that business (or the relevant proportion for part of a financial year). In the event of a claim, income will be based on the income generated by the business due to your personal exertion or activities less your share of business expenses over the last 12 months immediately prior to becoming disabled.

Injury – for the purpose of Income Protection cover means bodily injury to you, resulting solely and directly from violent, accidental, external and visible means and independently of any other cause.

Light Blue Collar – as an occupation category, means occupations that involve light Manual Duties (refer below) and are land-based or involve one of masters, engineers and officers. It also includes supervisors of Heavy Blue Collar workers (refer above).

Limited Cover – means that you are only covered for claims arising from a sickness that first became apparent or an injury that first occurred on or after the date your cover started, restarted or increased.

Manual Duties – means duties involving or using human effort, power or physical energy.

Medical and Other Relevant Evidence – includes but is not limited to medical, vocational or other expert evidence regarding:

- a. any treatment, detoxification or drug or alcohol program, rehabilitation, retraining, re-skilling or voluntary work you have undertaken, or could reasonably undertake, taking into account the medical condition, and skills and knowledge you have acquired by education, training and experience, and
- b. the likelihood you would be able to engage in work on a full-time or part-time basis if you undertook reasonable treatment, retraining or voluntary work.

Medical Practitioner – means, in relation to a psychological condition, a legally qualified psychiatrist registered in Australia as a practicing psychiatrist, otherwise, a legally qualified Medical Practitioner registered to practice in Australia with specialisation in the relevant medical condition but does not include chiropractors, physiotherapists, psychologists or alternative health providers, your employers, yourself, your spouse or a member of your immediate family or a business partner or associate.vvvv

Partial Disablement and Partial Disability – for the purposes of Income Protection cover, means that immediately following a period of Total Disability of at least 14 consecutive days during the Waiting period, and solely because of the Injury or Sickness that directly caused the Total Disability, you:

- are unable to perform one or more important duties of your own occupation (an important duty is one that involves 20% or more of your overall tasks)
- are capable of working (whether or not for reward)
- are earning a monthly Income that is less than your salary; and
- remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Injury or Sickness.

Policy – refers to the Group Policy (number G3608) for Death and Total & Permanent Disablement insurance and Income Protection insurance held by the Trustee with MLC Limited for members of the Fund.

Salary – for the purposes of Death & TPD cover, refers to your annual salary and is your regular rate of salary or wages exclusive of bonuses, loadings, overtime and allowances. In the event of a Death benefit claim, it is your salary at the date of your death. In the event of a TPD claim, it is your salary at the date you were last actively at work or, if you are not working, when you are injured or first display the symptoms of your sickness, the date the Insurer determines that you first became Totally and Permanently Disabled.

Sickness – for the purpose of Income Protection cover, means sickness or disease suffered by you while covered under the insurance Policy.

Temporary work visa – refers to the temporary visa issued by the Australian Federal Government to an overseas worker who is sponsored by an employer to work in Australia on a temporary basis.

Terminal Illness and Terminally III – for the purposes of the Policy, means that:

- in the opinion of two Medical Practitioners, at least one of which is a specialist in the relevant area approved by the Insurer, despite all reasonable medical treatment, your medical condition will result in your death within 12 months of the date of the medical certificate; and
- the Insurer is satisfied that you are not expected to live for 12 more months regardless of treatment undertaken.

Total Disablement and Total Disability

If you are:

- a permanent employee
- a casual employee or contractor working on average 10 hours or more per week for a period of at least three months immediately prior to disablement
- unemployed for less than three months immediately prior to disablement and either a permanent employee or a casual or contractor working average of 10 or more hours per week for a period of at least three months immediately prior to becoming unemployed; or
- on leave without pay for less than 24 months immediately prior to disablement,

the following Total Disability definition will apply to you for the purposes of Income Protection cover:

Disablement resulting solely from Injury or Sickness that occurs while the Policy is in force and as a result you:

- are unable to perform one or more important duties of your own occupation (an important duty is one that involves 20% or more of your overall tasks)
- remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Sickness or Injury; and
- are not engaged in any occupation, whether or not for reward.

If you are:

- a casual employee or contractor (working on average less than 10 hours per week for a period of at least three months immediately prior to disablement), or
- unemployed (for more than three months prior to disablement), or
- a casual or contractor unemployed for less than three months immediately prior to disablement and who worked on average less than 10 hours per week for a period of at least three months immediately prior to becoming unemployed; or
- on leave without pay for more than 24 months immediately prior to disablement,

the following Total Disability definition will apply to you for the purposes of Income Protection cover:

Disablement resulting solely from Injury or Sickness that occurs while the Policy is in force and as a result you:

- remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Injury or Sickness; and
- are not engaged in any occupation, whether paid or unpaid; and
- are, in the opinion of the Insurer, continuously unable to perform at least two (2) Everyday Working Activities (even if using appropriate aids).
Everyday Working Activities means the following 6 activities:
 - moving and travel – the ability to:
 - plan and execute travel and be able to move more than 200m without stopping; or
 - bend, kneel or squat to pick something up from the floor and straighten up again, and get in and out of a standard sedan car
 - communicating – when engaging with family, friends or other members of the community, the ability to:
 - hear and speak with sufficient clarity to be able to hold a conversation in a quiet room in your first language; or
 - understand a simple message given in your first language and relay that message to another person
 - vision – the visual acuity to read ordinary newsprint and pass the standard eyesight test for a car license
 - lifting – the ability to lift a 5kg weight with either or both hands from bench/table height, carry it over a 5m distance and place it back down at bench/table height
 - using the hands – the ability to use the hands or fingers to handle small objects with precision and success
 - comprehension and concentration – the ability to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks.

Total & Permanent Disablement (TPD), Total and Permanent Disability and Totally and Permanently Disabled – means that, in the opinion of the Insurer, you are unable ever to engage in or work for reward in any occupation or work for which you are reasonably suited by reason of education, training or experience, and you have undertaken all reasonable treatments and attended that treatment at intervals and frequency as recommended by a Medical Practitioner with respect to your illness or injury. In addition, you:

- are under age 65 and are employed at the time you stop working due to an injury or sickness or are disabled within 16 months of ceasing work and meet the definition in Part 1, 2, or 4
- have not been employed for a period of 16 months or more at the time of claiming TPD and meet the definition in Part 1, 3, 4 or 5
- meet the definition in Part 1, 3, 4 or 5 and are non-working;
- if you are aged 65 or over, definitions 1, 3 or 4 will apply.

Part 1 (loss of use of limbs and/or sight)

You suffer:

- the loss of use of two limbs; or
- the sight of both eyes; or
- the loss of use of one limb and the sight of one eye.

'Limb' is defined as the whole hand or foot.

Part 2 (unable to work)

You have:

- been absent from your occupation with your employer through injury or sickness for three consecutive months; and
- provided proof to the satisfaction of the Insurer that you have become incapacitated solely as a result of the same injury or illness to such an extent that you are unable ever to engage in or work for reward in any occupation or work for which you are reasonably suited by reason of education, training or experience that you have acquired or could be able to acquire in the future;
- in determining whether education, training or experience could be acquired in the future, the Insurer will only consider if that injury or illness prevents you from acquiring the education, training or experience and no other reason will be accepted.

Part 3 (unable to perform Everyday Working Activities)

You have a Specified Medical Condition, or as a result of injury or sickness you are incapacitated to such an extent that for 12 months in a row you have been completely unable to perform at least two (2) Everyday Working Activities by yourself (even if using appropriate aids) for a period of 12 consecutive months; and at the end of the 12-month period, taking into account Medical and Other Relevant Evidence, unable ever to engage in or work for reward in any occupation for which you are reasonably suited by education, training or experience.

Everyday Working Activities means the following 6 activities:

- moving and travel – the ability to:
 - plan and execute travel and be able to move more than 200m without stopping; or
 - bend, kneel or squat to pick something up from the floor and straighten up again, and get in and out of a standard sedan car
- communicating – when engaging with family, friends or other members of the community, the ability to:
 - hear and speak with sufficient clarity to be able to hold a conversation in a quiet room in your first language; or
 - understand a simple message given in your first language and relay that message to another person
- vision – the visual acuity to read ordinary newsprint and pass the standard eyesight test for a car license
- lifting – the ability to lift a 5kg weight with either or both hands from bench/table height, carry it over a 5m distance and place it back down at bench/table height
- using the hands – the ability to use the hands or fingers to handle small objects with precision and success
- comprehension and concentration – the ability to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks.

Specified Medical Conditions are blindness, cardiomyopathy, chronic lung disease, dementia and Alzheimer's disease, hearing loss, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, primary pulmonary hypertension, quadriplegia, sight loss, severe burns, severe rheumatoid arthritis or tetraplegia.

Part 4 (permanent deterioration or loss of intellectual capacity)

Through injury or sickness you are suffering from the permanent deterioration or loss of intellectual capacity and have provided proof to the Insurer's satisfaction. You are also required to be under continuous care and supervision by another adult person for three consecutive months and this care is likely to be on a permanent daily basis and ongoing.

Part 5 (unable to perform unpaid domestic duties)

You are wholly engaged in full-time unpaid domestic duties in your own residence and:

- have been unable to perform most normal domestic duties and engage in any employment for an uninterrupted period of at least three months solely as a result of your injury or sickness
- are attending a registered Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
- at the end of the period of three months, after consideration of all medical evidence and such other evidence as the Insurer may require, you have become incapacitated to such an extent that it is likely that you will require indefinite ongoing medical care and you are unable ever to perform normal domestic duties and engage in any form of employment.

Waiting period – refers to the number of continuous days that must elapse before an Income Protection benefit becomes payable. Your waiting period starts from the date you are first examined and certified by a Medical Practitioner as Totally Disabled and stopped working (if employed).

Underwriting – is the process used by an insurer to assess the risk associated with providing insurance. You may need to answer questions about your health, occupation and pastimes. Insurance cover that is subject to underwriting may be declined or subject to restrictions as determined by the Insurer. Alternatively, the Insurer may limit the number of units of cover available to you.

White Collar – means an occupation category that includes:

- predominantly office-based, sedentary roles performing clerical, administrative and managerial duties with no more than 10% of your time performing Manual Duties, for example stocking shelves or reloading photocopy paper
- persons who work in an office environment for at least 80% of the time (excluding travel time from one office environment to another), including sales representatives that are not involved with deliveries.



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