

Employee Guide Part 1

Brookfield Australia Salary Continuance Insurance (SCI) Plan

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What is Salary Continuance Insurance?

Salary continuance insurance (SCI) pays a proportion of your salary each month if you cannot work at full capacity or at all, due to sickness or an accident. In the unfortunate event that you are sick or injured, this insurance can assist you in meeting your ongoing financial commitments.

Cover is provided worldwide, 24 hours per day, 7 days per week, 365 days a year and is offered to all permanent employees without the requirement to submit health evidence up to the Automatic Acceptance Limit (AAL).

Why is this insurance a valuable benefit?

Salary continuance insurance is valuable because it provides an income if you are unable to work for extended periods. It offers reassurance to family members, to financial institutions and to others that depend on you, that you should be able to meet your financial commitments at a time of ill health.

Best of all, there is no cost to you – your employer provides this insurance to all eligible employees and acceptance is automatic up to the Automatic Acceptance Level (AAL).

Benefits in a nutshell:

The Brookfield Group SCI Plan will pay up to 75% of your monthly base salary if an accident or sickness leaves you totally or partially unable to work (in accordance with the terms and conditions of the policy) for at least 90 consecutive days. This monthly benefit is payable for as long as you remain unable to work, up to the age of 65 (limited to 2 years if you are employed on a fixed term contract not exceeding 12 months).

The Brookfield Group SCI Plan is a group salary continuance scheme underwritten by MetLife, one of the leading life insurance and investment groups in Australia.

You also have access to a Second Medical Opinion Service (SMO) – please see Part 2 of this document.

Important: This document does not constitute personal financial advice and should not be used as the basis for personal financial planning decisions. The information contained in it is subject to change and accuracy is not guaranteed. In the event that the information in this document conflicts with information in the MetLife Product Disclosure Document (PDS) and accompanying policy documents and / or schedules to the particular employer plan, the latter documents will prevail.



How does this differ from personal or super-owned salary continuance policies?

Some employees may have salary continuance (also known as “income protection”) insurance privately or through their superannuation fund – these products serve essentially the same purpose as the Brookfield Group SCI Plan. Since the group plan provides cover up to 75% of your salary, it may not be necessary for you to maintain similar insurance elsewhere; however, you should always seek advice from a qualified financial adviser before making changes to your existing insurance.

Who is covered by the Brookfield Group SCI Plan?

All permanent employees (as well as employees on fixed term contracts, if they are entitled to sick leave and employer super contributions) who are residents of Australia or New Zealand and working at least 15 hours per week are automatically covered by the Group SCI Plan, with the only condition being that they must be below the age of 65 when cover commences.

When does cover commence?

Eligible employees are automatically covered from their date of joining the company. If on the date your cover commences you are in “Active Employment”, your cover will be full cover. If you are not in “Active Employment”, your cover will be “Limited Cover” until you have been in “Active Employment” for 30 consecutive days, at which point you will get full cover.

“Limited Cover” means you are only covered for an illness or injury that first becomes apparent or first occurs on or after the date your cover commences or is increased (but only with respect to the increase portion).

“Active Employment” means you are, in the insurer’s opinion, capable of performing your identifiable duties without restriction by any illness or injury for at least 35 hours per week (whether or not you are actually working those hours).

What do I have to do?

You do not need to take any action - all eligible employees in Australia and New Zealand are automatically covered up to the Automatic Acceptance Level (AAL) of \$20,000 per month (limited to 75% of your base salary). This amount of cover represents an annual salary of up to \$320,000.

You do not need to fill out any forms and there are no medicals tests, pre-existing condition exclusions or medical history requirements.

How much am I covered for?

You will be covered for 75% of your pre-disability income (your base salary) subject to an Automatic Acceptance Level (AAL) of \$240,000 per annum.

How can I obtain cover above the Automatic Acceptance Level (AAL)?

(if 75% of your salary is more than the \$20,000 per month AAL)

If 75% of your income is greater than \$240,000 per annum, you can apply for additional cover by completing a personal statement which is then assessed by MetLife. Further requirements and medical information may be required depending on the outcome of the initial assessment and acceptance is not guaranteed.

As mentioned above, your employer pays the full cost of your Group SCI cover under the plan.

If your application for additional benefits is not successful, or if you choose not to apply for it, your cover will automatically revert to the \$20,000 AAL benefit.



What is the maximum amount of cover that I can apply for under the Brookfield Group SCI Plan?

You can apply for cover up to \$30,000 per month (extended to \$50,000 per month for the first two years of a claim). Cover is always limited to 75% of your base salary.

What if I have my own salary continuance policy in place?

Insurance companies will usually reduce any income benefit payable to you by the amount of any similar benefit received from another insurer, to ensure that the combined benefit does not exceed 75% of your total pre-disability income. If you have other salary continuance / income protection insurance, you may not be able to claim the full cover amount from both plans (see section below). However, you should also be aware that your existing policy may provide certain benefits that are not covered under the Brookfield Group SCI plan.

In light of the above, you should seek advice from a qualified financial adviser before “topping up” your cover under the group plan with insurance from another provider, or before you cancel any existing insurance that you may have in place.

Could Group SCI benefits be affected by any other payments?

If a benefit becomes payable to you by the insurer, the amount of benefit may be reduced by the amount of any other income you receive, or are entitled to receive, from other sources as a result of your illness or injury. Benefits may also be reduced by amounts payable:

- as a result of total or partial disability or interim accident cover (other than benefits received under this policy);
- through workers compensation or any similar legislation or any settlement under common law;
- through paid sick leave;
- in respect of loss of income (whether legislated or otherwise);
- under any statutory accident compensation scheme;
- from any disability, injury or illness policy (other than lump sum TPD benefits).

How does the Group SCI cover affect any TPD benefits that I may receive from another policy or fund?

Total and Permanent Disability (TPD) insurance is included in many superannuation plans or personally-owned insurance policies. TPD will pay a lump sum if you become permanently unable to work as a result of sickness or injury. The monthly income benefits that you may receive from the Brookfield Group SCI Plan will not be affected by any lump sum TPD benefits paid to you (and vice versa).

TPD insurance is often taken out to cover the cost of medical equipment, renovations and other immediate needs in the event of permanent disability. Group SCI provides a continuing monthly income and is payable in respect of permanent as well as temporary disability. The two insurances fulfil a different purpose and should not be seen as substitutes for each other.



Must I be totally disabled in order to qualify for a claim?

No, the Brookfield Group SCI Plan includes a payment in the event of **total** disability as well as a reduced payment in the event of **partial** disability.

“Totally disabled” or “total disability” means: solely as a result of illness or injury occurring while the policy is in force you are:

- Unable to perform at least one income producing duty of your occupation;
- Not working in any occupation, whether paid or unpaid; and
- Under the regular care and following the advice of a medical practitioner.

“Partially disabled” or “partial disability” means solely as a result of illness or injury occurring whilst the policy is in force you have been totally disabled for at least 7 days out of the first 12 consecutive days of the waiting period and are:

- Unable to work in your occupation at full capacity but are:
 - Working in your occupation at a reduced capacity, or
 - Working in another occupation;
- Earning a return to employment income which is less than your pre-disability income; and
- Under the regular care and following the advice of a medical practitioner.

How does the 90-day waiting period work?

You will only be able to claim under the Brookfield Group SCI scheme if your disability (or partial disability) lasts for 90 consecutive days or more. This means there is no payment made to you in respect of the first 90 days of disablement; you will have to fund your income requirements from conventional resources such as savings, accumulated sick leave etc.

Benefits begin to accrue after a set waiting period of 90 consecutive days. Benefit payments are made monthly in arrears. The waiting period starts on the later of the date when a medical practitioner examines you and certifies that you are totally disabled and unable to work, and the date when you cease working.

For how long is the benefit payable if I become disabled?

The monthly benefit is payable for as long as you continue to meet the definition of total or partial disablement and ceases as soon as one of the following happens:

- You cease to meet the definition of totally or partially disabled;
- You reach age 65 (if you became disabled before your 63rd birthday)
- You reach age 70 (if you became disabled on or after your 63rd birthday)
- You have received benefits for 2 years (if you became disabled on or after your 63rd birthday);
- You have received benefits for 2 years (if you are a fixed-term employee and contracted for 12 months or less);
- You refuse to undertake or continue treatment or rehabilitation that is reasonably required by the insurer, which could assist you to return to work;
- You are not an Australian or New Zealand resident, no longer permanently in Australia or New Zealand, or not eligible to work in Australia or New Zealand; or
- You die.



In general, when does my cover under the plan cease?

Your cover will cease when:

- You no longer meet the eligibility criteria or you cease to be employed by your Brookfield group employer;
- You reach age 65. Upon application (and if you have not previously claimed benefits under this plan or similar plan), cover can be extended beyond age 65, with benefits payable for a maximum period of 2 years or to age 70, whichever comes first, and limited to \$10,000 per month;
- Premiums have not been paid within 30 days of the premium due date;
- You die;
- You commence duty with the military services of any country (other than the Australian Armed Forces Reserve or New Zealand Armed Forces Reserve and you are not on active duty outside Australia or New Zealand (as applicable));
- You are on unpaid leave for 24 months or longer, or otherwise no longer meet the conditions for cover whilst on unpaid leave;
- You no longer meet the conditions for cover to continue while you are temporarily employed overseas;
- You tell your employer in writing you want to cancel your cover;
- You are no longer an Australian resident or New Zealand resident (as applicable) and do not hold a temporary work visa approved by the insurer, you are no longer permanently in Australia or New Zealand or are no longer eligible to work in Australia or New Zealand;
- You cease to hold a temporary work visa approved by the Department of Home Affairs and approved by the insurer;
- You are accepted or rejected for a continuation option (for Extended Cover only); or
- If the policy is terminated by your employer.

How do I submit a claim?

You must contact your Human Resources Department immediately in the event of a claim. There is an initial claim form required for completion, one for you and your medical practitioner. This form will be assessed and depending on the outcome, additional information may be required.

You will be responsible for any expenses incurred in providing the information and evidence related to your claim, and the insurer will be responsible for any further medical examinations and tests they may require.

If you suffer a disability whilst temporarily residing or travelling outside Australia, you may be required to return to Australia, at your own expense, for assessment of the claim.

Your claim (once admitted) will generally be monitored on a monthly basis and will be subject to the insurer receiving completed progress forms. If your claim is admitted, benefits will be paid monthly in arrears.

Who is the benefit paid to?

Since your employer is the owner of the policy, any claim under the Group SCI Plan will be paid by the insurer MetLife to your employer, who will in turn pay the amount to you. If you become disabled and cease to be an employee after a claim becomes payable, MetLife will pay the ongoing benefits directly to you.



Is tax payable on the benefit?

If a claim is approved, Brookfield will pay the claim amount to you. Since Group SCI payments are classified as income payments, it will be subject to income tax and Brookfield or MetLife will deduct any income tax that they are legally obliged to withhold before paying the amount to you.

What about inflation if I become disabled permanently or for more than a year?

If you are receiving payments under the Group SCI Plan, the claim amount may be increased in line with the Consumer Price Index (or 5%, whichever is the lowest) on an annual basis.

What disabilities are not covered?

Disabilities caused by or resulting from any of the following are excluded under the policy:

- Intentional self-inflicted injury or infection or any attempt to commit suicide;
- Normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, back ache, varicose veins, ankle swelling and bladder problems; and
- War

In addition to the above, MetLife will not pay a benefit if the payment would cause them to infringe any legislation in connection with health insurance, or where doing so would violate any laws or regulations.

What if a disability recurs – does the waiting period restart?

If a disability recurs within 6 months, due to the same or related illness or injury, a new 90-day waiting period will not be applied.

What if I return to work during the waiting period but have to stop working again soon thereafter – does the waiting period restart?

If your return to work lasted less than 10 days, the waiting period will not be restarted.

Will I still be covered while on paid leave?

Your cover continues while you are on paid leave such as sick leave or annual leave.

If you are on unpaid leave your cover may continue for a period of up to 24 months, provided your employer approves the leave in writing and premiums continue to be paid during your unpaid leave.



What happens if I leave my employer?

Your cover will automatically cease when your employment with your Brookfield group employer ceases. Cover may be extended for up to 60 days after you leave, subject to policy conditions.

If you were a permanent employee at the time of your departure, you have a maximum of 60 days to take out an individual MetLife policy to replace the cover you had under this policy. You must be under age 60 at the time and resident in Australia. The premium rates will be the standard MetLife rates for individuals and you will need to satisfy MetLife's rules regarding occupation, pastimes, smoking status and residency status. Other terms and conditions may also apply.

The existing cover will effectively be transferred to a new policy in your name, with future premiums to be paid by you. Although cover will not be refused if you meet the eligibility requirements, the premiums will be calculated based on MetLife's prevailing individual rates at the time. Evans Rossouw & Young will assist you in applying for continued cover – please contact us without delay as soon as you know when your service with your Brookfield group employer will end.

Can you apply for cover beyond age 65 if you are still a permanent employee working at Brookfield?

On application, cover may be extended to age 70 if you are still employed permanently at Brookfield.

Can you extend coverage to include a spouse / partner, or to cover the 90-day waiting period?

No, you will have to make your own arrangements to cover these needs.

What is the Retraining Expense Benefit?

The insurer may meet any rehabilitation program expenses if:

- The insurer and your medical practitioner approve the rehabilitation expenses in writing before the program is undertaken, and
- The expenses incurred directly assist you to return to work in a gainful occupation.

What happens if you die?

If you die while Group SCI payments are being made to you, an amount equal to 3 months' Group SCI benefits will be paid, after which Group SCI payments will cease.

What is the Second Medical Opinion (SMO) Service? (Part 2 of this guide)

You and your immediate family (plus GP) have access to independent expert medical specialists, providing a second opinion based on the latest medical research and best current clinical evidence regarding your health condition. This service will help validate or challenge the diagnosis, suggest best-practice treatment options or next steps to better define the ideal course of action and, where possible, offer a prognosis.

The second opinion service aims to:

- improve your experience and health outcomes; and
- reduce unnecessary, ineffective, inappropriate and/or out-dated medical procedures that have an adverse impact on you.

Please see Part 2 of this guide for more information on the SMO Service and how to access it.



What are the roles played by MetLife and by Evans Rossouw & Young?

MetLife Limited is the insurance company who issues the Group SCI policy held by your employer. Their role is to provide the cover and to process any Group SCI claims. Since your employer is the policyholder, MetLife's interaction will be primarily with the employer rather than with the individual employees covered under the plan.

Evans Rossouw & Young Wealth Management are the advisers to the Brookfield group's corporate superannuation and group Salary Continuance Insurance (SCI) plans. They hold their own Australian Financial Services Licence (AFSL) and are not representatives of MetLife or any other financial services group or product manufacturer. They are authorised to market and support the products of a variety of product providers, including that of MetLife. As a member of the Brookfield Group SCI Plan, you can contact Evans Rossouw & Young if you have any enquiries relating to your benefits.

Please note that nothing in this Employee Guide should be interpreted as personal financial advice. You should consult with your financial adviser or with one of the Evans Rossouw & Young advisers listed below before making any changes to your existing insurance portfolio.

Contact details – service & support

Claims: If you wish to make a claim, please contact your Human Resources manager.

Advisory & Administrative support: If you have any questions or concerns about the operation of the SCI plan and your eligibility or entitlements, or if you wish to use the Second Medical Opinion service, please contact Evans Rossouw & Young directly using the contact details below:

Client service (claims support, administration, information, Second Medical Opinion service):

Australian employees: (02) 9922 6155 or email clientservice@erywealth.com

New Zealand employees: +61 (2) 9922 6155 or email clientservice@erywealth.com

Or contact one of the principal advisers directly via email:

Joel Evans: joel@erywealth.com

Daniel Rossouw: daniel@erywealth.com



Employee Guide Part 2 Second Medical Opinion (SMO) Service



What is the SMO Service?

MetLife Insurance Limited, as the insurer for the Brookfield Group Salary Continuance Insurance (SCI) plan has contracted with MedHealth Pty Limited, Australia's largest provider of independent medical advisory services, to provide insured employees and direct family members with access to a panel of independent medical specialists who can provide second opinion services. Brookfield group employees can access this service free of charge.

Why consider a second opinion?

Being told you have a serious medical condition can be a very challenging time in your life. Questions that naturally come to mind include "can I be sure of the diagnosis, what are the implications of the treatment, are there options for my treatment, how do I know if other doctors would agree with my doctor's advice?"

Given there are so many elements to consider and the consequences of your decision so critical, we believe that you should be armed with enough information to provide you with peace of mind that you are making the right choices. Many patients will use the internet for research, but this can create more questions and confusion.

To help empower you with professional and up-to-date advice as to treatment options for your personal situation, it may be worth considering a second opinion. A second opinion is where you have the evidence relating to your medical condition reviewed by another medical specialist who can help validate or challenge the diagnosis; the second opinion may also agree with the recommended treatment or suggest other possible options for you to consider.

Whatever the outcome of the second opinion you can be assured of having greater confidence in the choices you make.



What can I expect from a second opinion?

In most cases a second opinion will give you peace of mind that you're on the right track and will most likely give you further information regarding your condition. However, in some cases it can result in alternative treatment options or even diagnoses to consider. The reasoning for any options to consider with regards your diagnosis or treatment should be accompanied by medical reasoning and any recommended next steps to confirm the best way forward for you.

There is an ever shifting landscape with regards to the latest thinking in medical treatments. For example, it wasn't that long ago that bacteria was discovered to be the cause of many stomach ulcers. Recent research suggests that many instances of chronic lower back pain could also be caused by bacteria and that a significant percentage of people with lower back pain following a herniated disc could find relief by taking an antibiotic.

Prostate Specific Antigen (PSA) testing for prostate cancer is now used less than in the past due to the relatively high incidence of false positive results causing unnecessary further procedures that can have harmful side effects.

Through second opinions you have the comfort of knowing you are pursuing the best course of action.

Will I offend my doctor if I seek a second opinion?

The idea of obtaining a second opinion in relation to a serious or ongoing medical condition is well accepted within the medical fraternity. In fact, your referring general practitioner may even encourage it.

We often obtain different quotes for many things we embark upon in life so why not obtain a second opinion for a matter that has such serious consequences?

Additionally, your doctor should not be concerned with you simply wanting to corroborate their recommendation.

The final decision is yours

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Additionally, your doctor should not be concerned with you simply wanting to corroborate their recommendation.



When should you consider getting a second opinion?

MetLife appreciates the benefit of a second opinion from a medical expert and supports Brookfield group employees and their families in the following circumstances:

- ❖ Confirmation of the original diagnosis
- ❖ Further information to decide on a course of treatment
- ❖ To better understand your treatment options
- ❖ A double check on the diagnosis and treatment options before committing to a procedure.

What will I receive?

The proposition is that there is value in having access to independent expert medical specialists providing a second opinion based on the latest medical research and best current clinical evidence regarding their health condition.

The second opinion report is provided only to the individual and they are encouraged to share the report with their GP since the focus of the report is to assist them to determine the most appropriate and effective medical treatment. If you share the report with your Doctor (GP/Specialist) the MedHealth Specialist is available to discuss the report with your Doctor to ensure the recommendations and their basis is understood.

The medical specialists engaged to provide this service do so on the basis that they will not provide treatment services or advice on treating practitioners to any individual.

Your privacy will be protected throughout the process and importantly, the use of this service will not affect the assessment of any claim you may make under the Brookfield Salary Continuance Insurance (SCI) Plan with MetLife.

Collection of Health Records

In order to provide the specialist with sufficient information to be able to offer an opinion, you will be contacted by an MedHealth Health Concierge Officer to arrange collection of relevant medical records as required for the second opinion service.

In circumstances whereby not all required information is available from you directly, the Concierge Officer will facilitate procurement of this additional data from your GP with your consent.

Referral to a medical specialist

The MedHealth clinical triage team will determine the most appropriate specialist to provide an opinion within their worldwide network.

The appropriately qualified specialist will review the available medical case file data, assess the diagnosis and review accepted best practice guidelines drawing on evidence-based material to create and document a second opinion. In the event the medical specialist is unable to provide a meaningful second opinion without the benefit of a physical examination, they will recommend what further clinical tests or consultations are needed.



The Second Opinion Report

MedHealth will arrange for delivery of the second opinion report to you. The report will include the medical specialist's biography (demonstrating the relevant credentials) and a letter providing recommendations with supporting evidence-based reference material.

Where relevant, the second opinion report will provide:

- Confirmation of the existing diagnosis or alternatively differential diagnoses to consider with recommendations to create diagnostic certainty;
- A second opinion on the recommended treatment plan including any enhancement suggestions or a different treatment plan with supporting medical reasons;
- Requests for any additional necessary investigations or assessments to help further evaluate your condition and/or optimal treatment options;
- Any other recommended next steps not already stated; and
- A letter prepared for your treating doctor explaining how to best use the information set out in the second opinion specialist report.

You are encouraged to discuss any additional information received through the second opinion with your treating doctor before making any decisions or taking any action in relation to your condition or treatment.

How do I use the SMO Service?

Please complete the Second Medical Opinion Application forms (available on your employer's intranet) and send the completed forms to Evans Rossouw & Young Wealth Management (ERY), using the contact details provided on the forms. Alternatively, please email us on clientservice@erywealth.com to obtain the forms.

Note that ERY's role is limited to confirming your employment status and the relationship between you and the person who wishes to use the service (i.e. a family member) – you will not be sharing any medical information with ERY.

After confirming your / your family member's eligibility, ERY will instruct MedHealth to contact you or your family member directly to start the process. No medical information (or the outcome of the SMO process) will be shared with ERY, your employer or MetLife (the insurer) at any point during the process – your privacy is assured throughout the process.

Important: The SMO service is provided by MedHealth Pty Limited to MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 (MetLife). MetLife at its discretion, provides access to this service for eligible insured members and their families. The service isn't insurance (including health insurance) and it doesn't replace your relationship with your current doctor or medical specialist.

MetLife reserves the right to withdraw the service at any time or to change the terms on which the service is provided to eligible insured members or their families.