

**Table 6.4: Your personal insurance**

Personal insurance	Occupation type premiums	Income protection cover	Total permanent disability (TPD) cover	Trauma cover	Life cover
Provider: <input type="checkbox"/> Inside super OR <input type="checkbox"/> Outside super	<input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation	\$	\$	\$	\$
Provider: <input type="checkbox"/> Inside super OR <input type="checkbox"/> Outside super	<input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation	\$	\$	\$	\$
Provider: <input type="checkbox"/> Inside super OR <input type="checkbox"/> Outside super	<input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation	\$	\$	\$	\$
Provider: <input type="checkbox"/> Inside super OR <input type="checkbox"/> Outside super	<input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation	\$	\$	\$	\$
Provider: <input type="checkbox"/> Inside super OR <input type="checkbox"/> Outside super	<input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation	\$	\$	\$	\$