

# Change your insurance

Use this form to apply for new cover or to start, increase, reduce, change or cancel your cover to suit your needs. You can also apply to change your individual work rating and Income Protection waiting period and/or benefit payment period.

Before you change your cover you should read the *Insurance in your super* guide. It contains terms and conditions about insurance, including costs, your eligibility for cover, how much you can apply for, what you're covered for, when it starts and stops, active employment, limited cover and exclusions, and your insurance options. Download a copy for your division at [australiansuper.com/InsuranceGuide](http://australiansuper.com/InsuranceGuide) If you apply to make any changes to your cover and your application is accepted, it will start automatically even if you haven't turned 25 and your super balance hasn't reached \$6,000\*. This means that the cost of your cover will start to be deducted monthly from your super account from the later of the date your application is accepted and the date your cover starts (see the *When your cover starts* section of the *Insurance in your super* guide for details).

If you haven't turned 25 you're not eligible for age-based cover, but you can apply for extra (fixed) or fixed Death and/or Total & Permanent Disablement (TPD) cover or fixed Income Protection. Your ability to claim for benefits will be determined by the Insurer in line with our policy terms and conditions.

\* Age-based cover will start when you turn 25 (if you're eligible)

Here are the cover designs we offer:

Cover designs		Type of cover available	
		Death and TPD	Income Protection
Age-based cover	Both the amount of cover you get and the cost of it changes as you get older.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Age-based cover + extra (fixed) cover	You can add an extra amount of cover on top of your age-based cover. The extra amount is provided as fixed cover and will stay the same as you get older (unless you change it) but the cost will change.	<input checked="" type="checkbox"/>	n/a
Fixed cover	You can apply for a total amount of fixed cover. This means your total amount of cover stays the same as you get older (unless you change it) but the cost will change.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Your application is subject to consideration by the Insurer. Go to [australiansuper.com/ChangingCover](http://australiansuper.com/ChangingCover) to understand how the Insurer considers your application.

- ! Before you change your cover:**
- Check your latest statement or log into your account to understand what type and how much cover you have.
  - Use our insurance calculator at [australiansuper.com/InsuranceCalculator](http://australiansuper.com/InsuranceCalculator) to work out the right level of cover for you, and the cost of it.
  - Read the Duty to take reasonable care statement in section 3.1.

If you want to:	Complete section(s)	
Cancel all or part of your cover	2. Cancel your cover	<input type="checkbox"/>
Apply for new cover or increase your cover amount(s)	3.1 Duty to take reasonable care	<input type="checkbox"/>
	3.2 Your salary and occupation details	<input type="checkbox"/>
	4. Start your age-based cover	<input type="checkbox"/>
	5. Death and TPD cover	<input type="checkbox"/>
	6. Income Protection	<input type="checkbox"/>
	8. Health questions	<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO of this form.	
Decrease your cover amount or switch basic cover to fixed cover (same amount(s))	5. Death and TPD cover	<input type="checkbox"/>
	6. Income Protection	<input type="checkbox"/>
Apply to change your individual work rating	3.1 Duty to take reasonable care	<input type="checkbox"/>
	3.2 Your salary and occupation details	<input type="checkbox"/>
	7. Change your individual work rating	<input type="checkbox"/>
Change your Income Protection: • waiting period • benefit payment period	3.2 Your salary and occupation details	<input type="checkbox"/>
	6.1 Waiting period and benefit payment period	<input type="checkbox"/>
	8. Health questions. Please complete section 8 if you're: • applying for a benefit payment period of up to five years or up to age 65, or • aged 63 or 64 and reducing your benefit payment period to two years (which means you're extending your cover to age 70).	<input type="checkbox"/>
		<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO of this form.	
<b>You'll also need to:</b>		
Complete all of the questions in section 1: Your personal details.		<input type="checkbox"/>
Sign and date the Declaration in section 15.		<input type="checkbox"/>

AustralianSuper will only make changes to each type of cover you change on this form.

# Change your insurance



Please complete in pen using CAPITAL letters and print  to mark boxes where applicable. Read the Privacy Collection Statement at the end of this form to see how AustralianSuper uses your personal information.

## 1. YOUR PERSONAL DETAILS

Last name		Mr	Mrs	Miss	Ms	Dr
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name						
Date of birth	Your member number	Gender				
D D M M Y Y Y Y		M	F			
Street address						
Suburb		State		Postcode		
Postal address (if different)						
Suburb		State		Postcode		
Telephone (business hours)	(after hours)	Mobile				

To process your application, the Insurer may send you specific health questionnaires to complete. To receive them by email please provide your address below:

Email

If I provide my email address and/or phone number, I'm consenting to AustralianSuper communicating with me via email, my online account, mobile app and phone as appropriate. I understand I can change my communication preferences through my online account or by calling 1300 300 273.

## 2. CANCEL YOUR COVER

Complete this section to cancel any part of your cover (or all of it).

When you cancel your cover you won't be insured for that cover from the date your cancellation is accepted. This means for the type of cover you cancel:

- Your basic cover won't start when you become eligible.
- You (or your beneficiaries) won't be able to make an insurance claim if something happens after the cancellation.
- The cost of cover will stop being deducted from your super account (costs are deducted one month in arrears).
- You might not be able to get cover later. That's because you'll need to reapply and provide detailed health information for the Insurer to consider.

If you're replacing this cover with another insurance policy, before you cancel you should wait until the other insurer confirms your cover has started.

You should consider getting financial advice to help work out if cancellation is right for you. Go to [australiansuper.com/advice](http://australiansuper.com/advice) for more information.

Print (X) next to each type of cover you wish to cancel.

I want to cancel my age-based cover	<input type="checkbox"/>	Death	<input type="checkbox"/>	TPD	<input type="checkbox"/>	Income Protection
I want to cancel my extra (fixed) cover	<input type="checkbox"/>	Death	<input type="checkbox"/>	TPD	<input type="checkbox"/>	Income Protection
I want to cancel my fixed cover	<input type="checkbox"/>	Death	<input type="checkbox"/>	TPD	<input type="checkbox"/>	Income Protection
I want to cancel ALL of my cover	<input type="checkbox"/>	Death	<input type="checkbox"/>	TPD	<input type="checkbox"/>	Income Protection

Go to section 15 if you're only completing sections 1 and 2.

### 3. APPLY TO START OR CHANGE YOUR COVER

If you want to:

- start your age-based cover – read section 3.1, then complete section 4
- apply for cover – read section 3.1, then complete sections 5 and/or 6
- apply for a different cover amount or fix all or part of your cover – read section 3.1, then complete sections 3.2, 5 and/or 6
- change your Income Protection waiting period or benefit payment period – read section 3.1, then complete section 6.1
- change your individual work rating – read section 3.1, then complete sections 3.2 and 7

Before you make any changes to your cover, make sure you read the Duty to take reasonable care statement below.

#### 3.1 Duty to take reasonable care

##### The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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

##### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

##### Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

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

##### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

##### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

#### 3.2 Your salary and occupation details

Provide your salary if you want to apply for more cover or to change your individual work rating\*.

Annual (before-tax) salary, excluding employer super contributions \$  ,  ,  .  0  0

Provide your occupation if you want to apply to change your individual work rating\*.

Job title/occupation

Average number of hours you work in your main occupation  hours a week

\* If you're a Public Sector Division member, your work rating only applies to Income Protection. GHD Superannuation Plan members automatically receive a White Collar work rating.

## 4. START YOUR AGE-BASED COVER

If you've turned 25, you can choose to start your age-based cover, even if your account balance hasn't reached \$6,000. You should read the *Insurance in your super* guide for your division for important information about when your cover will start. Please print (X) next to each type of age-based cover you want to start.

Death       TPD       Income Protection

If you haven't turned 25 you're not eligible for age-based cover, but you can apply for extra (fixed) or fixed Death and/or TPD cover by completing section 5, or fixed Income Protection by completing section 6. For more information about your cover options, read the *Insurance in your super* guide for your division at [australiansuper.com/InsuranceGuide](http://australiansuper.com/InsuranceGuide)

## 5. DEATH AND TPD COVER

Complete this section to apply for cover or change your existing cover (increase or reduce). You can:

- a) apply for age-based cover
- b) apply for or change your extra (fixed) cover
- c) apply for or change your fixed cover (includes switching your age-based cover to fixed cover), or
- d) remove multiples of cover (see the *Insurance in your super* guide for your division for details about multiples and how much cover you'll get).

If you apply to make any changes to your Death and/or TPD cover and your application is accepted, your basic cover will start automatically even if your super balance hasn't reached \$6,000\*. Any extra (fixed) or fixed cover will start automatically regardless of your super balance or age.

There's no limit on the amount of Death cover you can apply for and for TPD the limit is \$3 million. Print (X) to confirm what you want.

Cover designs	Type of cover	Cover in \$1,000 amounts
a) Age-based cover	<input type="checkbox"/> Age-based Death* <input type="checkbox"/> Age-based TPD*	Your cover amount will be based on your age*.
b) Extra (fixed) cover	<input type="checkbox"/> Extra Death <input type="checkbox"/> Extra TPD†	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 Write the amount you want added to your age-based cover.
c) Fixed cover	<input type="checkbox"/> Fixed Death <input type="checkbox"/> Fixed TPD†	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 Write the amount of fixed cover you want. If you have age-based cover it'll be replaced with fixed cover.
d) Remove my multiple	<input type="checkbox"/> Death <input type="checkbox"/> TPD	If your multiple is greater than 1.0 your age-based cover will reduce to the basic cover amount and any extra (fixed) cover you have will stay the same. If it is less than 1.0 your total cover amount (and any extra cover you have) will be fixed†.

\* Age-based Death and TPD cover will start when you turn 25 (if you're eligible).

† Any amount of fixed TPD cover will reduce gradually from age 61 to zero at age 65, unless you're a Public Sector Division member.

→ You may need to complete the Health Questions. Go to section 8 to check.

## 6. INCOME PROTECTION

Complete this section to apply for or change to fixed Income Protection. If you apply for fixed Income Protection and your application is accepted, your cover will start automatically even if you haven't turned 25 and your super balance hasn't reached \$6,000.

The amount of Income Protection you can apply for is limited to 85% of your monthly salary. Up to 75% is paid to you and up to 10% to your super.

Salary is your annual (before-tax) salary, excluding employer super contributions.

### → Here's an example to help you work out the maximum amount of Income Protection you can apply for.

Ben earns \$78,000 a year (before-tax), excluding employer super contributions. The maximum cover amount he can apply for is:

$$\frac{\$78,000 \times 0.85}{12 \text{ (months)}} = \$5,525 \text{ a month} \rightarrow \text{Ben can apply for cover up to } \$5,600 \text{ a month. (rounded up to the nearest } \$100)$$

If you're eligible for payments, your monthly benefit will be based on your salary before you were injured or ill (pre-disability income) and other factors. For more information, see the *Insurance in your super* guide for your division at [australiansuper.com/InsuranceGuide](http://australiansuper.com/InsuranceGuide)

Print (X) below to confirm what you want.

Cover options	Cover in \$100 amounts
<input type="checkbox"/> Age-based Income Protection*	Your cover amount will be based on your age*.
<input type="checkbox"/> Fixed Income Protection	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 0 0 a month <span style="float: right;">Write the amount of fixed cover you want. If you have age-based cover it'll be replaced with fixed cover.</span>

\* Age-based Income Protection will start when you turn 25 (if you're eligible)

→ You may need to complete the Health Questions. Go to section 8 to check.

### 6.1 Waiting period and benefit payment period

Complete this section to change your waiting period and/or benefit payment period. If you change your waiting period, your basic cover will start automatically even if your super balance hasn't reached \$6,000\*. Any fixed cover will start automatically regardless of your age and super balance.

\* Age-based Income Protection will start when you turn 25 (if you're eligible).

The cost of your cover will depend on your waiting period and benefit payment period (as well as your individual work rating). For more information and the different costs download the *Insurance in your super* guide for your division at [australiansuper.com/InsuranceGuide](http://australiansuper.com/InsuranceGuide)

Print (X) below to confirm what you want.

Waiting period	This is the minimum time you must wait before you'll start receiving an Income Protection benefit payment (as long as you're eligible). Payments are made one month in arrears. If you're applying for Income Protection your waiting period will be 60 days. You can change your waiting period to 30 days. A shorter waiting period will cost more. <small>Your new waiting period is effective from the date we accept your application plus the number of days of your current waiting period. For example if you change your waiting period from 60 days to 30 days and then you claim within 30 days of making the change, you'll need to complete a 60 day waiting period.</small>	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days
Benefit payment period	This is the maximum length of time that payments may be made if you're temporarily unable to work due to illness or injury. Depending on your occupation <sup>†</sup> you can apply for a benefit payment period of up to five years or up to age 65. A longer benefit payment period will cost more. If you're applying for Income Protection and you don't make a choice, your benefit payment period will be up to two years. <small><sup>†</sup> There are some occupations where you can't have a benefit period of up to five years or up to age 65. These occupations are listed at <a href="http://australiansuper.com/occupations">australiansuper.com/occupations</a></small>	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65

→ You may need to complete the Health Questions. Go to section 8 to check.

## 7. CHANGE YOUR INDIVIDUAL WORK RATING

A work rating classifies the usual activities of your job into one of three ratings: Blue Collar, White Collar or Professional. Your work rating is one of the factors that determines how much you pay for your insurance cover. You could pay less for your insurance cover if your work is rated as White Collar or Professional.

Tell us your occupation (in section 3.2) and complete the questions below to apply to change your individual work rating to White Collar or Professional.\*

1. Are the usual activities of your job 'white collar'? Yes  No

This means:

- you spend more than 80% of your job doing clerical or administrative activities in an office-based environment, or
- you're a professional using your university qualification in a job that has no unusual work hazards (some examples of unusual work hazards include: working underground, working underwater, working at heights or working in the air).

2. Are you earning \$100,000 or more a year from your job? Yes  No

3. Do you have a university qualification? Yes  No

4. Do you have a management role in your company? Yes  No

\* If you're a Public Sector Division member, your work rating only applies to Income Protection. If you're a GHD member you're automatically provided with a White Collar individual work rating.

## 8. HEALTH QUESTIONS

Complete this section if you're:

- applying for cover
- applying to increase your cover amount
- applying for an Income Protection benefit payment period of up to five years or up to age 65, or
- aged 63 or 64 and reducing your Income Protection benefit payment period to two years (which means you're extending your cover to age 70).

You don't need to complete health questions if your cover amount is decreasing, your cover amount is unchanged (for example you switch from age-based to fixed cover), or you're only changing your Income Protection waiting period.

1. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? If Yes please provide details below. Yes  No

Insurance company name	Date	Terms offered and reason

2. Are you claiming or have you ever claimed a benefit from any source (e.g. Total & Permanent Disablement benefit from any Superannuation Fund, Workers' Compensation, Disability pension, Veterans' Affairs or any other insurance policy providing accident or illness benefits)?

If Yes please provide details below.

Yes  No

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
	\$	

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
	\$	

## 8. HEALTH QUESTIONS (CONTINUED)

3. What's your height and current weight?          OR                OR
4. Are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours a week), even if your actual employment is on a part-time or casual basis?    Yes  No
5. Have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)?    Yes  No
6. Have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years?    Yes  No
7. Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions:
- a) Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder?    Yes  No
  - b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition?    Yes  No
  - c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder?    Yes  No
  - d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)?    Yes  No
  - e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout?    Yes  No
  - f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition?    Yes  No
  - g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind?    Yes  No
  - h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse?    Yes  No
  - i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)?    Yes  No
  - j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus?    Yes  No
8. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)?    Yes  No
9. **Apart from any condition already disclosed**, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms?    Yes  No

## PART TWO: DETAILED HEALTH STATEMENT

Complete this section if you answer Yes to any of the questions below:

- Will your total Death or TPD cover exceed \$800,000 if this application is accepted? Yes  No
- Will your total Income Protection exceed \$10,000 a month if this application is accepted? Yes  No
- Are you applying for an Income Protection benefit payment period of up to five years or up to age 65? Yes  No
- Have you answered **Yes** to any of the questions in section 8 (Q1 to Q9)? Yes  No

If you answer **No** to all of the above questions, please read, then sign and date the Declaration in section 15.

\* The Insurer may require medical evidence based on your age, amount of cover or health history. This may involve a medical exam or test which the Insurer will pay for.

### 9. ACTIVITIES AND PASTIME DETAILS

Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing?

Yes  No

If **Yes**, provide further details below:

What are the activities you engage in?

  


At what level do you participate?

- Recreational only (non-competition)    
  Recreational with competition    
  Semi-professional/professional

Number of times you participate on average in these activities a year (for example hours flown, number of drives, events)

Do you receive any income from participating in these activities?

Yes  No

Maximum depth or speed reached (if applicable)

### 10. PERSONAL HEALTH DETAILS

1. Have you smoked in the last 12 months? Yes  No

If **Yes**, please indicate type (for example cigarettes or cigars) and average amount smoked in **one** of the following boxes.

Substance smoked	A day	A week	A year
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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2. In the last five years have you smoked any substance other than tobacco? Yes  No

If **Yes**, please indicate substances smoked, frequency of use, date first smoked and when last smoked.

Substance smoked	Frequency	Date first smoked	Date last smoked
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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3. Do you drink alcohol? Yes  No

If **Yes**, please provide the average number of standard drinks you consume (one standard drink is: a nip of spirits, a glass (150ml) of wine, a pot (285ml) of beer).

A day	A week	A year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

4. In the last five years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus (this includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive)? Yes  No

If **Yes**, we will contact you to complete a confidential questionnaire.



## 11. FAMILY HISTORY

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

Unknown     No – go to section 12     Yes – complete the following table

Relationship to member	Condition (e.g. Type 2 diabetes, breast cancer)	Approximate age of onset	Age at death (if applicable)

## 12. DOCTOR DETAILS

1. What's the name and address of the last doctor or medical centre you visited?

Full name of doctor or medical centre

Street address and suburb

State

Postcode

Telephone

Facsimile

2. a) What was the date of your last consultation?

- |                       |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Within the last month | <input type="checkbox"/> | 7-12 months ago          | <input type="checkbox"/> |
| 1-3 months ago        | <input type="checkbox"/> | 12 months to 2 years ago | <input type="checkbox"/> |
| 4-6 months ago        | <input type="checkbox"/> | Over 2 years ago         | <input type="checkbox"/> |

b) What was the reason for your consultation? (Please specify a reason for the consultation)

  
  
  


c) What was the result/outcome from your last consultation?

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Referral to specialist/health professional | <input type="checkbox"/> | Ongoing treatment (for example ventolin inhaler)  | <input type="checkbox"/> |
| Tests conducted – results pending          | <input type="checkbox"/> | Routine tests conducted – results all clear/normal  | <input type="checkbox"/> |
| Not fully recovered yet                    | <input type="checkbox"/> | All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication) | <input type="checkbox"/> |

3. Is the doctor/medical centre mentioned above your usual doctor/medical centre?

Yes  No

### 13. GENERAL HEALTH QUESTIONNAIRE

If you have answered **Yes** to Questions 4 to 9 in section 8, please complete the table below. Please ensure you write the question number in the box above each column.

	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
1. Name of condition	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date symptoms first started	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Date symptoms ceased	<input type="text"/>	<input type="text"/>	<input type="text"/>
(if ongoing please state)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How often do/did you have symptoms? Please choose one of the following <b>daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Severity of condition Please choose from one of the following <b>mild, moderate, severe, never had symptoms, symptoms ceased.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Did you take medication or have you had any other treatment (ie physiotherapy or an operation) for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , name the treatment/condition:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Are you still on treatment, including medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever been off work due to this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details (if there is insufficient space please attach an additional sheet)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
If <b>Yes</b> , please state the total time off work?			
Date from:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date to:	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Have you had any residual, ongoing effects or restrictions as a result of this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please provide details and dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date from:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date to:	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Is your treating doctor different from your usual doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please provide doctor's details:			
Full name of doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street/state/postcode)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone and fax number	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 14. SPECIFIC HEALTH QUESTIONNAIRE

Please complete relevant questionnaire below if you have answered **Yes** to either Question 7d) or 7e) in section 8.

### A. Asthma and bronchitis or any other lung complaint questionnaire

a) Name of condition

  


b) Have you been diagnosed within the last 12 months? Yes  No

c) Frequency of symptoms in the last five years

Daily

Weekly

Occasionally

One-off episode

None – childhood only

d) Severity of symptoms in the last five years:

Nil symptoms – childhood only

Mild ie exercise-induced only, seasonal (related to hay fever allergy, colds or flu)

Moderate (ie all year round, specific triggers)

Severe (ie constant, reduced lung capacity, restriction of lifestyle or work duties)

e) Have you required over the last five years:

Daily preventative inhalers, such as ventolin Yes  No

Occasional use of a nebuliser or oral steroid medication eg prednisolone Yes  No

Hospitalisation/emergency treatment Yes  No

f) Maximum number of consecutive days off work/school you have had over the last two years due to this condition?

Number of days

g) Is your treating doctor different from your usual doctor? Yes  No

If **Yes**, please complete details below:

Full name of doctor

  


Street address

  


Suburb State Postcode

     

Phone number

Fax number

### B. Joint/musculoskeletal questionnaire

If applying for Death only cover complete Questions a) and b) only.

If applying for TPD or Income Protection, complete all questions.

a) Nature of complaint (doctor's diagnosis), ie sciatica, back pain, broken bone

b) Location of complaint, eg lower back, right knee, sciatic nerve

c) When did symptoms first begin?

d) Cause of condition, eg lifting, car accident, fall in workplace, unknown

e) Was an x-ray or scan taken?

No  Go to Question f

Yes  Complete below

Date of tests taken

Details of results of tests taken

f) Is the nature of the condition degenerative or a disc problem? Yes  No

g) Are you still undergoing treatment or experiencing symptoms? Yes  No

If **No**, complete below:

Date symptoms ceased

Date treatment ceased

h) Have you ever been off work as a result of this complaint or been unable to perform your normal day-to-day activities? Yes  No

If **Yes**, please indicate period/s off work:

Date from Date to

i) Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes  No

If **Yes**, please provide dates and details

j) Is your treating doctor different from your usual doctor? Yes  No

If **Yes**, complete below:

Full name of doctor

Street address



Suburb State Postcode

     

Phone number

Fax number

## 15. DECLARATION

This section must be completed in all circumstances.

I authorise:

- The Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers).
- The Insurer and any person appointed by the Insurer to obtain relevant information on my financial history from the Insurance Reference Association and any other body holding information on me.

For information on the Insurer's privacy and information handling practices, read their Privacy Policy Statement at [tal.com.au](http://tal.com.au) or call 1300 209 088 for a copy.

I declare that:

- I've read and understood TAL's Privacy Policy and I agree with how TAL will collect, use and disclose my personal information.
- The answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting).
- I've read and understood the Product Disclosure Statement, and the *Insurance in your super* guide at [australiansuper.com/InsuranceGuide](http://australiansuper.com/InsuranceGuide) and understand that the additional information referred to in the guide is also part of the Product Disclosure Statement
- If I'm a Public Sector Division member I understand that the individual work rating will only apply to my Income Protection.
- I've read the Privacy Collection Statement as set out below, and I understand how AustralianSuper will use my personal information. To the best of my knowledge, the information I have provided on this form is correct.
- If I've provided my email address and/or phone number, I consent to AustralianSuper sending me information about my account, AustralianSuper's products and services and marketing communications, including third-party products and services, via email, my online account, SMS, mobile app or phone, as appropriate and in accordance with AustralianSuper's Privacy Policy. I understand I can change my communication preferences at any time by calling AustralianSuper on 1300 300 273 or through the *My communication preferences* section of my online account.

A summary of AustralianSuper's Privacy Collection Statement is at the end of this form. Our Privacy Collection Statement and Privacy

Policy may change from time to time. The latest versions will be available online at [australiansuper.com/CollectionStatement](http://australiansuper.com/CollectionStatement) and [australiansuper.com/privacy](http://australiansuper.com/privacy)

I acknowledge that:

- My eligibility to claim for benefits will be determined by the Insurer in line with AustralianSuper's insurance policy terms and conditions
- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between AustralianSuper and the Insurer from time to time.
- The answers I've provided, together with any special conditions, will form the basis of my insurance cover.
- If I fix any of my cover, I understand that my cover amount won't change (except TPD cover reduces gradually from age 61 to zero at age 65, unless I'm a Public Sector Division member) but the cost will increase with age.
- If I've chosen to start my cover, the cost of it will be deducted monthly from my super account, once the cover starts.
- If I've applied to make any changes to my cover (including changing my waiting period), and my application is accepted, my cover will start automatically even if I haven't turned 25 and my super balance hasn't reached \$6,000. Age-based cover will start when I turn 25 (if I'm eligible). This means that the cost of my cover will also start to be deducted monthly from my super account.
- If I've chosen to cancel any of my cover, I'll no longer be insured for that cover, and:
  - I (or my beneficiaries) won't be able to make an insurance claim if something happens after I cancel.
  - The cost of cover will stop being deducted from my super account (costs are deducted one month in arrears).
  - I might not be able to get cover later. If I decide to reapply I'll need to provide health information for the Insurer to consider.
  - If I'm replacing this cover with another insurance policy, I'll wait until the other insurer confirms my cover has started.
  - I've considered getting financial advice to help work out if cancellation is right for me.
- A photocopy of this authorisation is as valid as the original
- Any change in cover will start from:
  - the date the change is accepted by the Insurer (as long as my employer is paying super contributions) or
  - the date I receive confirmation that my cover has started or re-started (and it hasn't stopped again)whichever is the later date.

Sign here:



Date

D	D	M	M	2	0	Y	Y
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Print full name

### Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of GPO Box 1901, Melbourne, Victoria 3001, collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to provide these services. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator (Australian Administration Services Pty Ltd, Link Group), service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URL below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details go to [australiansuper.com/privacy](http://australiansuper.com/privacy) or call us on 1300 300 273.