# Change your insurance



#### Use this form to make any of these changes to your insurance cover:

- · Cancel your cover
- · Apply for cover
- Increase or decrease the amount of cover you have
- Change your cover design
- Change your Income Protection benefit payment period and/or waiting period
- · Change your individual work rating

#### Before you change your cover:





- Read the *Insurance in your super* guide. It contains the important information about insurance cover, including what it will cost, your eligibility for cover, how much you can apply for, when cover starts and stops, active employment and any limitations and exclusions. Download a copy at **australiansuper.com/InsuranceGuide**
- Use our insurance calculator at **australiansuper.com/InsuranceCalculator** to work out how much cover you might need (if any) and what it might cost.
- Check if you may be eligible to apply for a different individual work rating by answering a few questions at australiansuper.com/WorkRatingTool
- Consider getting financial advice. As an AustralianSuper member, you have access to a choice of help and advice options from simple, personal advice over the phone, to more comprehensive, broader advice with a financial adviser. Go to australiansuper.com/advice for more information.
- Read the Duty to take reasonable care statement in section 3.1.

AustralianSuper insurance is provided by TAL Life Limited (the Insurer), ABN 70 050 109 450, AFSL 237848. Your application is subject to consideration by the Insurer unless you're cancelling or reducing cover you pay for. Go to australiansuper.com/ChangingCover to understand how the Insurer considers your application.

If you want to:	Complete section(s)	
Cancel all or part of your cover	2. Cancel your cover	
Apply for new cover or increase your cover amount(s)	3.1 Duty to take reasonable care	
your cover amount(s)	3.2 Your salary and occupation details	
	4. Death and Total & Permanent Disablement (TPD) cover	
	5. Income Protection	
	7. Health questions	
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO (page 8) of this for	rm.
Decrease your cover amount	4. Death and Total & Permanent Disablement (TPD) cover	
or change your cover design from age-based to fixed cover (same amount(s))	5. Income Protection	
Apply to change your	3.1 Duty to take reasonable care	
individual work rating	3.2 Your salary and occupation details	
	6. Change your individual work rating	
Change your Income	3.2 Your salary and occupation details	
Protection:  • benefit payment period	5.1 Benefit payment period and waiting period	
waiting period	7. Health questions. Please complete section 7 if you're:	
	<ul> <li>applying for a benefit payment period up to five years or up to age 65, or</li> </ul>	
	<ul> <li>aged 63 or 64 and reducing your benefit payment period to up to two years (which means you're extending your cover to age 70).</li> </ul>	
	You may need to complete the Detailed Health Statement. See the checklist in <b>PART TWO</b> (page 8) of this	form.

#### For all changes, you must:

- Provide your personal details in section 1.
- Sign and date the Authorisation, declaration and acknowledgement in section 14.



<sup>&</sup>lt;sup>1</sup> Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Some personal advice may attract a fee, which would be outlined before any work is completed and is subject to your agreement. With your approval, the fee for advice relating to your AustralianSuper account may be deducted from your super account subject to eligibility criteria.

# Change your insurance



Please complete in pen using CAPITAL letters and print (X) to mark boxes where applicable. Read the Privacy Collection Statement at the end of this form to see how AustralianSuper uses your personal information. AustralianSuper will only make changes to each type of cover you change on this form.

1 Your personal details					
Last name				Mr Mrs	Ms Miss Dr
				X	X X X
First name/s					
Date of birth M	lember number		Male Fer	male 7	
			X		
Street address					
Suburb				State	Postcode
Postal address (if different)					
					Destant
Suburb				State	Postcode
Talaga and Clausiana and a sugar	T-1		N4 = l= il =		
Telephone (business hours)	Telephone (after ho	urs)	Mobile		
T				T	
To process your application, the Insurer m please provide your address below:	iay send you specific r	neaith questionnaires	s to complete.	To receive tr	nem by email
Email					
If I provide my email address and/or phone r account, mobile app and phone as appropria		•	_		
by calling <b>1300 300 273</b> .					
2 Cancel your cover					
Complete this section to cancel one or my your cancellation is received by Australian	• •		the types of co	over you can	cel from the date
This means for the type of cover you cand	cel:				
Your basic cover won't start when you k	pecome eligible.				
<ul> <li>You (or your beneficiaries) won't be abl cancellation.</li> </ul>	e to make an insuranc	e claim if you suffer	an illness or in	jury or you d	ie after the
The cost of cover will stop being deduction					
<ul> <li>You might not be able to get cover late Insurer to consider.</li> </ul>	r. That's because you'l	I need to apply and	provide detaile	ed health info	rmation for the
If you're replacing this cover with another insurer confirms your cover has started.	insurance policy, befo	ore you cancel you st	hould wait unti	l your other	super fund or
Print (X) next to each type of cover you w	vish to cancel.				
I want to cancel my <b>age-based</b> cover	Death	X TPD	Income Pro	tection	
I want to cancel my extra (fixed) cover	X Death	X TPD			
I want to cancel my <b>fixed</b> cover	X Death	X TPD	Income Pro	tection	
I want to cancel <b>ALL</b> of my cover	Death	X TPD	Income Pro	tection	

Issued by AustralianSuper Pty Ltd ABN 94 006 457 987 AFSL 233788 Trustee of AustralianSuper ABN 65 714 394 898. A Target Market Determination (TMD) is a document that outlines the target market a product has been designed for. Find the TMDs at **australiansuper.com/tmd** 

Go to section 14 if you're only completing sections 1 and 2.

## Apply to start or change your cover

#### 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 new or more cover.	
Annual (before-tax) salary, excluding Superannuation Guarantee (SG) contributions <sup>1</sup> (If you're not currently in paid employment, please write \$0)	\$
Provide your occupation if you want to apply for a benefit payment period up to five	e years or to age 65.
Main occupation/Job title (If you're not currently in paid employment, please write Unemployed person, Student	, Retiree or Home Duties as appropriate)
How many hours do you work in a typical week?	
If you're not currently in paid employment, write 0.	hours a week

<sup>&</sup>lt;sup>1</sup> If you own a business or aren't an employee, see what salary means for you in the *Insurance in your super* guide.

## 4 Death and Total & Permanent Disablement (TPD) cover

Complete this section to apply for new cover or change your existing cover (increase or decrease). AustralianSuper will only make changes to each type of cover you change on this form.

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 details about multiples and how much cover you'll get).

Cover designs		Type of cover a	vailable
Cover designs		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. Check the <i>Insurance in your super</i> guide for age-based cover amounts.	<b>V</b>	<b>v</b>
Fixed cover	Your total amount of cover stays the same as you get older (unless you change it) but the cost will change.	<b>V</b>	<b>V</b>
Age-based cover + extra (fixed) cover	You'll have a combination of age-based cover plus an extra amount of fixed cover.	<b>V</b>	n/a

Any changes to your Death and/or TPD cover will commence if you're eligible once your application is accepted. You must be 25 or older for age-based cover to start. If the Insurer accepts your application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to your cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.

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

Cover options	Type of cover	Cover in \$1,000 amounts
a) Age-based cover	<ul><li></li></ul>	Your cover amount will be based on your age. Age-based Death and TPD cover will start if you're 25 or older (once you're eligible).
b) Fixed cover only Use this option to convert age-based cover (including multiples of age-based cover) to fixed cover	Fixed Death Fixed TPD <sup>1</sup>	\$ , O O O Write the amount you want (this could be more or less than what you already have). This amount will replace any age-based cover you have.  If you just want to add extra (fixed) cover to your age-based cover, fill in section (c).
c) Extra (fixed) cover	Extra Death  Extra TPD¹	\$ , O O O Write the amount you want (this could be more or less than what you already have). This amount will be added to your age-based cover.  If you don't want any age-based cover, fill in section (b) instead.
d) Remove my multiple	Death 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's less than 1.0, your total cover amount (and any extra cover you have) will be fixed!.

<sup>&</sup>lt;sup>1</sup> Each year from age 61 to age 65, your fixed TPD cover amount will gradually reduce to zero in equal amounts. If you're 60 or older when you make a change to your TPD cover amount, the cover amount you apply for may be rounded up so that your fixed TPD cover amount can be reduced in equal amounts to zero. We'll confirm your cover amount in writing if this happens.



You may need to complete the Health questions. Go to section 7 to check.

## 5 Income Protection

Complete this section to apply for new cover or change to fixed Income Protection. AustralianSuper will only make changes to each type of cover you change on this form.

Any changes to your Income Protection will commence if you're eligible once your application is accepted. You must be 25 or older for age-based cover to start.

If the Insurer accepts your application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to your cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.

If you're not in paid employment, your application for Income Protection may be declined. Any declined applications may affect your ability to apply for cover in the future.

The amount of Income Protection you can apply for is limited to 85% of your salary. Salary is your annual (before-tax) salary earned from your regular job(s), excluding Superannuation Guarantee (SG) contributions. Salary may be different if you own a business or aren't an employee.

If you're eligible, benefit payments will be based on your pre-disability income and other factors. Benefit payments can't be greater than 85% of your pre-disability income (up to 75% is paid to you and up to 10% to your super) and they may be reduced by income you receive from other sources.

For more information, see the *Insurance in your super* guide.



#### 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 Superannuation Guarantee (SG) contributions. The maximum cover amount he can apply for is:

 $\frac{$78,000 \times 0.85}{12 \text{ (months)}} = $5,525 \text{ a month}$ 

Ben can apply for up to \$5,600 of Income Protection a month (rounded up to the nearest \$100).

#### Print (X) below to confirm what you want.

Cover options	Cover in \$100 amounts											
Age-based Income Protection	Your cover amount will be based on y	cover amount will be based on your age.										
OR												
Fixed Income Protection (or convert age-based Income Protection to fixed Income Protection)	\$ 0 0 a month	Write the amount you want (this could be more or less than what you already have). This amount will replace any age-based cover you have.										



You may need to complete the health questions. Go to section 7 to check.

#### 5.1 Benefit payment period and waiting period

Complete this section to choose or change your benefit payment period and/or waiting period.

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

#### Print (X) below to confirm what you want.

Benefit payment period	This is the maximum length of time that payments may be made if you're unable to work due to illness or injury.	Up to two years
	Depending on your occupation <sup>1</sup> you can apply for a benefit payment period up to five years or up	Up to five years
	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.	Up to age 65
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.	30 days
	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.	60 days
	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.	



You may need to complete the health questions. Go to section 7 to check.

## 6 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.

Insurance cover with a Blue Collar work rating is the most expensive. You could pay less for your insurance cover if your work is rated as White Collar or Professional.

#### Complete the questions below.

1.	Are the usual activities of your main job 'white collar'?	Yes	X	10 X
	This means:			
	<ul> <li>you spend more than 80% of your job doing clerical or administrative activities in an office-based environment, or</li> </ul>			
	<ul> <li>you're a professional using your university qualifications 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).</li> </ul>			
2.	Do you earn \$100,000 or more a year (excluding Superannuation Guarantee (SG) contributions) from your job(s)?  This amount is pro rata for part-time employment (for example, if you work part-time 4 days a week and earn \$96,000 a year, your pro rata/full time equivalent is \$120,000).	Yes	X	No X
3.	Do you have a university qualification?	Yes	X	No X
4.	Do you have a management role in your company?	Yes	X	No X

### 7 Health questions



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. To complete your application, go to section 14 to read, sign and date the Authorisation, declaration and acknowledgement.

#### Complete this section if you're:

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

<sup>&</sup>lt;sup>1</sup> There are some occupations where you can't have a benefit period up to five years or up to age 65. These occupations are listed at australiansuper.com/occupations

7	Health questions (c	ontinued)			
1.			na, accident or illness insurance on your life ever been declined, usion or special terms? If <b>Yes</b> please provide details below.	Yes X	No 🗵
	Insurance company name	Date	Terms offered and reason		
2.		orkers' compen	r have you ever claimed a benefit from any source, sation, a disability pension, Veterans' Affairs or any ess benefits?	Yes 🗵	No X
	If <b>Yes</b> please provide details				
	Benefit type/source/reason	Tor claim			
	Claim Date	Claim	amount Date claim finalised  D D M M Y Y Y Y		
	Benefit type/source/reason	for claim			
	Claim Date  D D M M Y Y Y	Claim	amount Date claim finalised  DDDMMYYYYY		
			Height (cm)	Wei	ght (kg)
3.	What's your height and cur	rent weight (pl	ease answer as accurately as possible)?		
4.	-	on a full-time k	r illness, or restricted from being capable of performing pasis (for at least 30 hours a week), even if your actual asis?	Yes 🗓	No 🗵
5.			prescribed by a medical practitioner that is intended to ding contraceptives and treatment for hay fever, hair	Yes 🗵	No 🗵
6.	Have you been unable to w two consecutive weeks in t		f injury or illness (excluding pregnancy) for more than ears?	Yes X	No X
7.	Have you ever had or receiffollowing conditions:	ved medical ac	lvice or treatment (including surgery) for any of the		
	a) Chest pain, high blood p	ressure, raised	cholesterol or any heart/circulatory disorder?	Yes X	No X
	b) Stroke, paralysis, epileps	sy, multiple scl	erosis or any blood or neurological condition?	Yes 🔀	No X
		•	the thyroid, liver, kidneys, prostate or urinary bladder?	Yes X	No X
	d) Asthma, sleep apnoea, r	espiratory or a	ny other lung condition (other than the common cold)?	Yes	No X
	e) Any injury, disease or dis tendon or ligament cond		ack, neck, knee, shoulder or other joint, bone, muscle, g arthritis or gout?	Yes X	No X
	f) Depression, anxiety, chroother behavioural, ment		or fatigue, panic attacks, post-traumatic stress, or any ondition?	Yes X	No X
	g) Cancer, tumour, melano	ma, sun spot, n	nole or malignant growth of any kind?	Yes X	No X
	h) Drug dependence or about or abuse?	use (either pre	scribed or non-prescribed), or alcohol dependence	Yes X	No X
			condition (other than constipation, upset stomach, short, isolated episodes from which you have made	Yes 🗵	No X
		_	al impairment (partial or complete loss of sight that lenses or laser eye surgery) or impaired hearing	Yes 🗓	No X
8.	Have you been infected wit Acquired Immune Deficience		mmunodeficiency Virus (HIV) or tested positive for AIDS)?	Yes X	No X
9.			ed, do you plan to seek or are you awaiting medical other current health condition or symptoms?	Yes X	No X

# Part Two: Detailed Health Statement

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Omi	STAIC	This	Section	IT VOII	answer	YESTO	anv c	or the	dilestions	DEIOM.

• \	Will your total Death or TPD cover exceed \$	800	,00	O if th	nis ap	plicat	ion¹	is a	cce	pted	?k						Yes	X	No	X
• \	Will your total Income Protection exceed \$10,000 a month if this application is accepted?  Are you applying for an Income Protection benefit payment period up to five years or up to age 65?  Have you answered <b>Yes</b> to any of the questions in section 7 (Q1 to Q9)?															Yes	X	No	X	
• ,	Have you answered <b>Yes</b> to any of the questions in section 7 (Q1 to Q9)?																Yes	X	No	X
•																Yes	X	No	X	
	f you answer No to all of the above questions, please read, then sign and date the Authorisation, leclaration and acknowledgement in section 14.  The Insurer may require medical evidence based on your age, amount of cover or health history. This may involve																			
	ne Insurer may require medical evidence based st which the Insurer will pay for.	l on y	our/	age, a	amou	nt of c	ove	r or	hea	lth h	nisto	ory. <sup>-</sup>	This r	may i	nvol	ve a	med	ical e	xam c	or
8	Activities and pastime details																			
	you currently engage in or intend to engage mpared to others not involved in such activit						por	t th	at m	nay i	ncr	ease	e the	likeli	hoo	d of	injur	y or i	llness	;
• (	Underwater diving  Football, rugby, soccer  Horse, equestrian sports  Martial arts, combat sports  Competitive road cycling, mountain bike ridir		5): 1	<ul><li>Ha</li><li>Co</li><li>Mc</li><li>co</li><li>Fly</li></ul>	ng gl mpe otor s mmu ving a	liding, titive s ports ting p	urfi (exc urp ot, c	ng, clud ose) crew	wat ing ) or	er o usin pass	r sn g m	ow noto ger ii	skiin rcyc n an	g, bo le, ve aircra	ardi hicle aft, v	e for				
	Mountaineering, outdoor rock climbing or absorces, provide further details below:	eiling	9	(ot	ther t	han tr	ave	l wit	:h a	maj	or c	omi	merc	ial ai	rline	).	Yes	X	No	X
	nat are the activities you engage in?																			
At	what level do you participate?																			
Χ	Recreational only (non-competition)	Re	crea	ationa	ıl witl	n com	pet	tior	1		X	Sem	ni-pro	ofess	iona	l/pr	ofess	siona	l	
	mber of times you participate on average in	n the	se a	ctivit	ies a	year (	for	exa	mpl	е										
	urs flown, number of drives, events)																		N.I.	
Do	you receive any income from participating	ın tr	iese	activ	rities	?											Yes		No	
Ma	ximum depth (metres) or speed (kms) reac	hed	(if a	pplic	able)															
<b>9</b> 1.	Personal health details Have you smoked, vaped, used tobacco or If No, go to question 2.  1.1 Have you smoked cigarettes?	nico	otine	e repl	acem	ient pi	rodi	ucts	in t	he I	ast	12 n	nontl	ns?			Yes		No No	×
	1.1 .1 If <b>Yes</b> , how many cigarettes do you sm	noke	per	day?																
	1.2 Have you vaped or smoked cigar or pi					d any	nic	otin	e pr	odu	ıcts	?					Yes	X	No	X
	1.3 Have you smoked or vaped another su					,											Yes	X	No	X
	1.3.1 If <b>Yes</b> , please advise substance smoke	d, fr	eque	ency	of us	e, date	e fir	st sı	mok	ed	and	dat	e las	t sm	oked	d.				
	Substance smoked F	req	uend	СУ		Dat	e fii	st s	mol	ked				Da	te la	st s	moke	ed		
						D	D	М	М	Υ	Υ	Υ	Υ	D	D	М	М	Υ	Y	Υ
						D	D	М	М	Υ	Υ	Y	Υ	D	D	М	М	Υ	Y	Υ
						D	D	М	М	Υ	Υ	Υ	Υ	D	D	М	М	Υ	Y	Υ
						D	D	М	М	Y	Υ	Y	Υ	D	D	М	М	Υ	Y	Υ
2.	In the last five years have you smoked or v	ape	d an	y sub	stan	ce oth	er t	han	tob	acc	0 0	r nic	otine	e pro	duc	ts?	Yes	X	No	X
	If ${\it Yes}$ , please advise substances smoked, fr	requ	ency	y of u	se, d	ate fir	st s	mok	ked i	and	dat	e la	st sn	noke	d.					
	Substance smoked F	req	uend	СУ		Dat	e fii	rst s	mol	ked				Da	te la	st s	moke	ed		
						D	D	М	М	Υ	Υ	Υ	Υ	D	D	М	М	Y	Y	Υ
						D	D	М	М	Υ	Υ	Υ	Υ	D	D	М	М	Υ	Y	Υ
		Ť				D	D	М	М	Y	Υ	Y	Y	D	D	М	М	Y	Y	Y
						D	D	М	М	Υ	Υ	Υ	Υ	D	D	М	М	Υ	Y	Υ
3.	Do you drink alcohol?																Yes	X	No	X
	If Yes, please provide the maximum number (please round to the nearest whole number (one standard drink is: a nip of spirits, a gl	er ar	nd if	betw	/een	0 and	1 uı	nits,	ple	ase	wri	te 1		day						
	1. · · · · · · · · · · · · · · · · · · ·			, -			`					-								

10	Family hist	ory																																
the disc	s any of your imneage of 65: heart ease, multiple scher inherited bloc	disea Ierosis	nse ( s, m	(e.g. uscı	ang ular	gina dys	or trop	hea ohy,	rt at Par	tac	k), :	str	oke,	Ca	ard	iom	yop	at	hу,	Ca	nc	er,	dia	abe	ete	s, r	nen	ıtal	l illn	ess,	, Alz	zhei	mer	
Χ	Unknown	No	- g	o to	sec	ctior	n 11			X	Yes	s <b>-</b>	con	npl	lete	e the	e fo	llo	wir	ng	tab	le												
Re	elationship to me	ember	r	Co	ond	litio	n (e	.g. 1	Гуре	2 (	dial	oet	es,	bre	eas	t ca	nce	er)											nate iset			at ppl		th ole)
11	Doctor det	ails																																
1.	What's the name							t do	cto	or	me	dic	cal c	en	tre	уо	u vi	site	ed?	2														
	Full name of doo	JLOF O	rme		ai C	Entr	e T				Τ	Τ						Τ	Т				Т			Τ	Т	$\neg$						
	Street address																																	
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2.	a) What was th	e date	e of	you	ır la	st c	onsı	ultat	tion	?																								
	Within th	ne last	mo	nth											Χ	7-1	2 m	nor	nth	s a	go													
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	b) What was th	ie reas	son	for	you	r cc	nsu	ltati	ion?	(PI	eas	e s	pec	ify	а	reas	on	for	th	ie c	con	sul	tat	tio	n)									
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3.	Is the doctor/me	edical	cer	ntre	me	ntio	ned	l abo	ove	you	ır u	sua	al do	oct		col me	,					on)	)							Yes	5	<	Vo	X

# 12 General health questionnaire

If you have answered **Yes** to Questions 4 to 9 in **section 7**, please complete the table below. Please ensure you write the question number in the box above each column.

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

# 13 Specific health questionnaire

Please complete relevant questionnaire below if you've answered **Yes** to either question 7d) or 7e) in section 7.

A. Asthma and bronchitis or any other lung complaint questionnaire		B. Joint/musculoskeletal questionnaire		
a)	Name of condition	If a	pplying for Death cover only complete questions a) and b) only. pplying for TPD cover or Income Protection, complete all estions.	
b)	Have you been diagnosed within the last 12 months?  Yes No X		Nature of complaint (doctor's diagnosis), ie sciatica, back pain, broken bone	
c)	Frequency of symptoms in the last five years: Daily  Weekly  Occasionally  One-off episode	c)	Location of complaint, eg lower back, right knee, sciatic nerve  When did symptoms first begin?  Cause of condition, eg lifting, car accident, fall in workplace, unknown	
	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,		Was an x-ray or scan taken?  No Go to question f)  Yes Complete below  Date of x-ray/scan taken  Details of results of x-ray/scan taken	
	restriction of lifestyle or work duties)	f)	Is the nature of the condition degenerative or a disc problem?  Yes No	
	Have you required over the last five years:  Daily preventative inhalers, such as ventolin  Occasional use of a nebuliser or oral steroid medication eg prednisolone  Hospitalisation/emergency treatment  Maximum number of consecutive days off work/school you've had over the last two years due to this condition:		Are you still undergoing treatment or experiencing symptoms?  If No, complete below:  Date symptoms ceased  Date treatment ceased  Have you ever been off work as a result of this complaint or been unable to perform your normal day-to-day activities?  If Yes, please indicate period/s off work:	
g)	Number of days  Is your treating doctor different from your usual doctor?  Yes No X		Date from Date to D D M M Y Y	
Ful	If <b>Yes</b> , please complete details below: I name of doctor	i)	Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes No If <b>Yes</b> , please provide dates and details	
Street address			Is your treating doctor different from your usual doctor?  If Yes, complete below:  I name of doctor	
Suk	ourb State Postcode			
	one number a number		eet address	
		Suk	purb State Postcode	
			one number	
		Fax	x number	

## 14 Authorisation, declaration and acknowledgement

This section must be completed in all circumstances.

Lauthorise:

- 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.

#### I declare that:

- I've read and understood the Duty to take reasonable care. The answers I've provided, together with any special conditions will form the basis of the Insurer's decision.
- I'm aware that a document that outlines the target market each AustralianSuper product is designed for is available at australiansuper.com/tmd
- I've read and understood the Product Disclosure Statement, at australiansuper.com/pds and the Insurance in your super guide at australiansuper.com/InsuranceGuide and understand that the additional information referred to in the guide is also part of the Product Disclosure Statement.
- I'm aware that the Trust Deed and Rules governing AustralianSuper (including the rights and obligations of members) are available at australiansuper.com/TrustDeed
- I've read the Privacy Collection Statement as set out below, and I understand how AustralianSuper will use my personal information.
- 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 Communication preferences section of my online account.

#### I acknowledge that:

Sign here

- My eligibility to claim for benefits will be determined in line with AustralianSuper's insurance policy terms and conditions.
- Insurance cover will only be provided in line with the insurance policy terms and conditions as agreed between AustralianSuper and the Insurer. Those terms and conditions may change from time to time and AustralianSuper will notify me of those changes where required by law.

- If the Insurer accepts my application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to my cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.
- 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). The cost will increase with age and will be deducted monthly from my super account.
- If I don't have the type of cover I've applied to change and my application is accepted, that 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 if I'm 25 or older (once I'm eligible). This means that the cost of my cover will also start to be deducted monthly from my super account.
- I'll no longer be insured for the types of cover I've cancelled (if any), and:
  - I (or my beneficiaries) won't be able to make an insurance claim if I suffer an illness or injury or I die after I cancel. Claims may still be paid for something that happened before I cancelled.
  - 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 apply 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 super fund or insurer confirms my cover has started.
  - I've considered getting financial advice to help work out if cancellation is right for me.
- Any change in cover that's been accepted by the Insurer will start from the later of:
  - the date I receive confirmation that my cover has started or re-started (and it hasn't stopped again), or
  - the date the change is accepted by the Insurer as long as I'm receiving employer super contributions into my super account. This doesn't apply if I'm a Personal Plan member. If I'm a Personal Plan member, cover will start on the date I have enough money in my super account to cover the cost of the first month of insurance. If I haven't had any contributions of any type or rollovers go into my super account for 16 months, my cover won't start until a contribution of any type or rollover is paid into my super account.
- Any cover I've cancelled will stop from the date my cancellation is received by AustralianSuper or the Insurer as applicable.
- A photocopy of this authorisation is as valid as the original.

# Print full name

A summary of AustralianSuper's Privacy Collection Statement is below. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy



For information on the Insurer's privacy and information handling practices, read their Privacy Policy Statement at tal.com.au/privacy or call 1300 302 961 for a copy.

#### **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), including health information, to open/lodge, assess, administer, and process your insurance claims, keep you informed about the progress of your claim and improve our products and services. 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. Health information is collected from you or your employer, adviser, other insurer, or other representative authorised by you and is provided to us or to our insurers. If required, we obtain independent medical reports directly from your medical practitioner(s). We will only share your PI where necessary to perform the above listed activities with our insurer and administrator (Australian Administration Services Pty Ltd, Link Group), service providers, as required by law or court/tribunal order, or with your permission. 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-policy or call us on 1300 300 273.

Please upload a scanned copy of your completed form to us via our website at australiansuper.com/email or post it to AustralianSuper, GPO Box 1901, MELBOURNE VIC 3001 Questions? Call 1300 300 273 or visit australiansuper.com