

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

Your employer arranges the basic level of cover you receive when you join AustralianSuper Select. Your basic cover is detailed in the AustralianSuper Select booklet for your employer.



Before you change your cover:

- Check your latest statement or log into your account to see the type(s) and amount(s) of cover you have.
- Read the *Insurance in your super* guide for AustralianSuper Select members and the AustralianSuper Select booklet for your employer, available at australiansuper.com/select. They detail important information 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, your insurance options, and what happens if you leave your employer.
- Use our insurance calculator at australiansuper.com/InsuranceCalculator to work how much cover you might need (if any).
- 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 adviser¹. 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	<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. Death and/or Total & Permanent Disablement (TPD) cover	<input type="checkbox"/>
	5. Income Protection	<input type="checkbox"/>
	7. Health questions	<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO (page 8) of this form.	
Decrease your cover amount or change your cover design from basic to fixed cover (same amount(s))	4. Death and/or Total & Permanent Disablement (TPD) cover	<input type="checkbox"/>
	5. 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"/>
	6. Change your individual work rating	<input type="checkbox"/>
Change your Income Protection: • benefit payment period • waiting period	3.2 Your salary and occupation details	<input type="checkbox"/>
	5.1 Benefit payment period and waiting period	<input type="checkbox"/>
	7. Health questions. Please complete section 7 if you're: • applying for a benefit payment period up to five years or up to age 65, or • 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).	<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO (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.



¹ 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.

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	
																								<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
First name/s																																	
Date of birth								Member number								Male		Female															
<input type="text"/>								<input type="text"/>								<input type="checkbox"/>		<input type="checkbox"/>															
Street address																																	
Suburb																State				Postcode													
<input type="text"/>																<input type="text"/>				<input type="text"/>													
Postal address (if different)																																	
Suburb																State				Postcode													
<input type="text"/>																<input type="text"/>				<input type="text"/>													
Telephone (business hours)								Telephone (after hours)								Mobile																	
<input type="text"/>								<input type="text"/>								<input type="text"/>																	

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 one or more cover types. You won't be insured for the types of cover you cancel from the date your cancellation is received by AustralianSuper or the Insurer (as applicable).

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 you suffer an illness or injury or you die after the cancellation.
- The cost of any cover you pay for 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.

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

I want to cancel my basic 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	
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 14 if you're only completing sections 1 and 2.



If your employer pays for your basic cover and you cancel it, you can apply for it again however your employer may not pay for the cost of your cover. Check the AustralianSuper Select booklet for your employer at australiansuper.com/select for specific details of the basic cover arranged for you by your employer. It also includes the insurance costs that you or your employer pay for.

3 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) contributions¹ \$, , . 0 0

Provide your occupation if you want to apply for a benefit payment period up to five years or to age 65.

Main occupation/Job title

How many hours do you work in a typical week? hours a week

¹ Your AustralianSuper Select employer may have arranged a tailored definition of salary, check the AustralianSuper Select booklet for your employer.

4 Death and/or 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.

Does your employer pay for your basic cover?

If your employer pays for basic Death and/or TPD cover and you:

- Add an extra amount of fixed cover on top of your basic cover – the additional cost is deducted from your super account monthly.
- Fix your total amount of cover (to reduce, increase or change from basic to fixed cover) – your employer will stop paying for that cover and we'll deduct the total cost from your super account monthly. If you decide to apply for more cover in the future, you'll need to provide detailed health information for the Insurer to consider.

Check the AustralianSuper Select booklet for your employer at australiansuper.com/select to understand your cover terms and conditions.

You can:

- apply for basic cover
- apply for or change your extra (fixed) cover, or
- change your existing cover amount (includes switching your basic cover to fixed cover).

Cover designs		Type of cover available	
		Death and TPD	Income Protection
Basic cover	Check the AustralianSuper Select booklet for your employer for basic cover details.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed cover	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"/>
Basic cover + extra (fixed) cover	You'll have a combination of basic cover plus an extra amount of fixed cover.	<input checked="" type="checkbox"/>	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) Basic cover	<input type="checkbox"/> Basic Death <input type="checkbox"/> Basic TPD	Check the AustralianSuper Select booklet for your employer for the amount of cover you'll get and when it'll start.	
b) Fixed cover Use this option to convert basic cover to fixed cover	<input type="checkbox"/> Fixed Death <input type="checkbox"/> Fixed TPD ¹	\$ <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"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Write the amount you want (this could be more or less than what you already have). This amount will replace any basic cover you have. If you just want to add extra (fixed) cover to your basic cover, fill in section (c).
c) Extra (fixed) cover	<input type="checkbox"/> Extra Death <input type="checkbox"/> Extra TPD ¹	\$ <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"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Write the amount you want (this could be more or less than what you already have). This amount will be added to your basic cover. If you don't want any basic cover, fill in section (b) instead.

¹ 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 basic Income Protection¹ or apply for or change to fixed Income Protection. AustralianSuper will only make changes you apply for on this form.

Does your employer pay for your basic cover?



If your employer pays for your basic Income Protection and you change your cover amount, benefit payment period or waiting period, they'll stop paying for your Income Protection. We'll deduct the total cost from your super account monthly.

Check the AustralianSuper Select booklet for your employer at australiansuper.com/select for specific details of the basic cover arranged for you by your employer. It also includes the insurance costs that you or your employer pay for.

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 your Income Protection is salary based or age based and you apply to change it to a fixed amount of cover, the total amount stays the same unless you apply to change it again (even if your employer tells us about any salary changes or you get older).

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. Your employer may have arranged a tailored definition of salary, check the AustralianSuper Select booklet for your employer.

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 for your AustralianSuper Select members.



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
<input type="checkbox"/> Basic Income Protection ¹	Check the AustralianSuper Select booklet for your employer for the amount of cover you'll get and when it will start.
OR	
<input type="checkbox"/> Fixed Income Protection (or convert basic Income Protection to fixed Income Protection)	\$ <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 a month Write the amount you want (this could be more or less than what you already have). This amount will replace any basic cover you have.

¹ Check the AustralianSuper Select booklet for your employer to see if your employer has arranged basic Income Protection. It may be provided under a separate insurance policy held by your employer. Speak to your employer before applying for it with AustralianSuper.



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 payment period. The cost of your cover will depend on your benefit payment period and waiting period (as well as other factors). For more information and the different costs check the AustralianSuper Select booklet for your employer.

If your employer pays for your Income Protection and you change the benefit payment period or waiting period, they won't pay for it (even if you keep the same cover amount). You'll have to pay for the total cost of your Income Protection.



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. Depending on your occupation ¹ you can apply for a benefit payment period 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 or the benefit payment period under your employer arrangement.	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65 <input type="checkbox"/> No change from my employer arrangement
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. 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.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> No change from my employer arrangement



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

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

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. As an AustralianSuper Select member, you have both an individual work rating and a category work rating. Your individual work rating is our default work rating, Blue Collar (unless you've already applied to change it). Your category work rating is arranged by your employer.

If your category and individual work ratings are different, we'll apply the work rating that's less expensive to calculate the cost of your cover. So while you're with your AustralianSuper Select employer, you may be able to pay less for your cover because the individual work rating that's right for you could be less expensive than your category work rating.

Complete the questions below.

- Are the usual activities of your main 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 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).
- Do you earn \$100,000 or more a year (excluding Superannuation Guarantee (SG) contributions) from your job(s)? Yes ☐ No ☐
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).
- Do you have a university qualification? Yes ☐ No ☐
- Do you have a management role in your company? Yes ☐ No ☐

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 basic 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 including basic 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).

7 Health questions (continued)

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. Due to illness or injury, are you claiming or have you ever claimed a benefit from any source, such as superannuation, workers' compensation, a disability pension, Veterans' Affairs or any other insurance providing accident or illness benefits? Yes ☐ No ☐

If **Yes** please provide details below.

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

Height (cm)

Weight (kg)

3. What's your height and current weight (please answer as accurately as possible)?
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 application¹ 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 up to five years or up to age 65?

Yes ☐ No ☐
- Have you answered **Yes** to any of the questions in section 7 (Q1 to Q9)?

Yes ☐ No ☐

If you answer No to all of the above questions, please read, then sign and date the Authorisation, declaration and acknowledgement in section 14.

¹ 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.

8 Activities and pastime details

Do you currently engage in or intend to engage in any pastime and/or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? For example:

- Underwater diving

• Hang gliding, paragliding, skydiving, parachuting
- Football, rugby, soccer

• Competitive surfing, water or snow skiing, boarding
- Horse, equestrian sports

• Motor sports (excluding using motorcycle, vehicle for commuting purpose)
- Martial arts, combat sports

• Flying as a pilot, crew or passenger in an aircraft, vessel (other than travel with a major commercial airline).
- Competitive road cycling, mountain bike riding
- Mountaineering, outdoor rock climbing or abseiling

If **Yes**, provide further details below: Yes ☐ No ☐

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 (metres) or speed (kms) reached (if applicable)

9 Personal health details

1. Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months? Yes ☐ No ☐

If **No**, go to question 2. Yes ☐ No ☐

1.1 Have you smoked cigarettes? ☐ Yes ☐ No ☐

1.1.1 If **Yes**, how many cigarettes do you smoke per day?

1.2 Have you vaped or smoked cigar or pipe tobacco or used any nicotine products? Yes ☐ No ☐

1.3 Have you smoked or vaped another substance? Yes ☐ No ☐

1.3.1 If **Yes**, please advise substance smoked, frequency of use, date first smoked and date last smoked.

Substance smoked	Frequency	Date first smoked	Date last smoked
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. In the last five years have you smoked or vaped any substance other than tobacco or nicotine products? Yes ☐ No ☐

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

Substance smoked	Frequency	Date first smoked	Date last smoked
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you drink alcohol? Yes ☐ No ☐

If **Yes**, please provide the maximum number of standard drinks you would consume on any given day (please round to the nearest whole number and if between 0 and 1 units, please write 1)
(one standard drink is: a nip of spirits, a glass (150ml) of wine, a pot (285ml) of beer)

10 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 65: 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 11 ☐ 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)

11 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

Suburb

State

Postcode

Telephone

Fax number

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

☐ Within the last month

☐ 7-12 months ago

☐ 1-3 months ago

☐ 12 months to 2 years ago

☐ 4-6 months ago

☐ Over 2 years ago

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

☐ Ongoing treatment (for example ventolin inhaler)

☐ Tests conducted - results pending

☐ Routine tests conducted - results all clear/normal

☐ Not fully recovered yet

☐ All clear/normal/full recovery - no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

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

Yes ☐ No ☐

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

- 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've 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 cover only complete questions a) and b) only.
If applying for TPD cover 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 x-ray/scan taken
Details of results of x-ray/scan 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

14 Authorisation, declaration and acknowledgement

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.

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 *AustralianSuper Select Product Disclosure Statement*, the AustralianSuper Select booklet for my employer and the *Insurance in your super* guide for AustralianSuper Select members at australiansuper.com/select and understand that the additional information referred to in the booklet and 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 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 account.

I acknowledge that:

- 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 my employer pays for my basic Death and/or basic TPD cover and I fix my total amount of Death and/or TPD cover (to reduce, increase or change from basic to fixed cover), my employer won't pay for it and the total cost will be deducted from my super account monthly.
 - If my employer pays for basic Income Protection and I change my Income Protection cover amount, benefit payment period or waiting period, my employer won't pay for it and the total cost will be deducted from my super account monthly.
 - 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 detailed health information for the Insurer to consider. If my cover was paid for by my employer they may not pay for my new cover.
 - If I'm replacing this cover with another insurance policy, I'll wait until my 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.
 - 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.

Sign here



Date _____

D	D	M	M	Y	Y	Y	Y
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Print full name

[illegible]

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 return this completed form to: as.select@australiansuper.com

or post it to **AustralianSuper**, GPO Box 1901, MELBOURNE VIC 3001

Questions? Call **1300 300 273** or visit **australiansuper.com**