

## Increase your Income Protection after a salary increase

Complete this form to apply to increase your Income Protection when your salary increases.

You can apply to increase your Income Protection<sup>1</sup> once every 12 months. To be eligible you need to meet the following conditions:

- you already have Income Protection with us,
- you haven't applied to increase your Income Protection due to a salary increase in the past 12 months,
- you apply to increase your Income Protection within 30 days of the effective date or the notification date of your salary increase (whichever is later), and
- your employer confirms your salary increase.

You'll also need to provide evidence of your salary increase by attaching **one** of the following:

- the *Employer confirmation of salary increase* form (page 7 of this form), or
- copies of your previous and new pay slips with details of your new salary and effective date, or
- a copy of the letter advising you of your salary increase, or
- a notice from your employer or union announcing the pay increase.

If you have basic salary-based Income Protection, your cover will automatically increase when your employer notifies us of your salary increase and you don't need to complete this form.



When you apply to increase your Income Protection, your total cover will be fixed (even if you currently have age-based or salary-based cover). The increase will be based on your applied work rating and limited cover will apply if you haven't been in active employment for 60 consecutive days, ending on the date your cover increased. For more information on work ratings and limited cover, see the *Insurance in your super* guide for AustralianSuper Select members at [australiansuper.com/select](https://australiansuper.com/select)

### Maximum Income Protection increase you can apply for with each salary increase

Applied work rating	Maximum increase
Blue Collar	\$1,000 a month
White Collar	\$1,500 a month
Professional	\$2,000 a month

When increasing your cover using this form, your total Income Protection, including the amount you're applying for, can't exceed 85% of your salary<sup>2</sup> or \$20,000 a month, whichever is lower.

If you have Income Protection and are eligible to make a claim, your benefit payments may be reduced by income you receive from other sources. See the *Insurance in your super* guide for AustralianSuper Select members at [australiansuper.com/select](https://australiansuper.com/select) for examples.

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

If you're not eligible to increase cover using this form, you can still apply by logging into your account and going to *Insurance* or using the *Change your insurance* form at [australiansuper.com/select](https://australiansuper.com/select)

<sup>1</sup> AustralianSuper insurance is provided by TAL Life Limited (the Insurer), ABN 70 050 109 450, AFSL 237848.

<sup>2</sup> Annual before-tax salary earned from your regular job(s), excluding Superannuation Guarantee (SG) contributions. Your AustralianSuper Select employer may have arranged a tailored definition of salary, check the AustralianSuper Select booklet for your employer at [australiansuper.com/select](https://australiansuper.com/select).

### 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 operate, and administer your super account (including insurance) or retirement income account, improve our products and services and keep you informed. If we can't collect your PI we may not be able to perform these services. PI is collected from you but sometimes from third parties like your employer and your financial adviser (if applicable). 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 and, where applicable to your circumstances, by third-party service providers of your financial adviser. Our Privacy Policy details how to access and change your PI, as well as our privacy complaints process. For complete details go to [australiansuper.com/privacy](https://australiansuper.com/privacy) or call us on 1300 300 273.

## 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.

## Increase your Income Protection after a salary increase

Please complete in pen using CAPITAL letters. Print (X) to mark boxes where applicable. Read the Privacy Collection Statement on page 1 to see how AustralianSuper uses your personal information.

### 1 Your personal details

Last name																				Mr	Mrs	Ms	Miss	Dr
<input type="text"/>																				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First name/s																				<input type="text"/>				
<input type="text"/>																				<input type="text"/>				
Date of birth								Member number								Male		Female						
<input type="text"/>								<input type="text"/>								<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
Street address																				<input type="text"/>				
<input type="text"/>																				<input type="text"/>				
Suburb										State					Postcode									
<input type="text"/>										<input type="text"/>					<input type="text"/>									
Postal address (if different)																				<input type="text"/>				
<input type="text"/>																				<input type="text"/>				
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"/>								
Email																				<input type="text"/>				
<input type="text"/>																				<input type="text"/>				

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**.



Main occupation/Job title

We collect your occupation details to improve our products and services.

### 2 Increase your Income Protection

Check your eligibility and increase limits on page 1, before completing this form. When increasing your cover using this form, your total Income Protection can't exceed 85% of your monthly salary<sup>1</sup> or \$20,000 a month, whichever is lower.

Annual (before-tax) salary, excluding Superannuation Guarantee (SG) contributions<sup>1</sup> \$ , ,  a year

Provide your salary if you want to increase your Income Protection.

Total amount of Income Protection you want (in \$100 amounts) \$ ,  0 0 a month

Provide the total amount. It must be greater than your existing cover amount.

Your Income Protection waiting period and benefit payment period won't change. If you want to change them, log into your account and go to *Insurance* or use the *Change your insurance* form at [australiansuper.com/select](https://australiansuper.com/select)

If your employer pays for your basic Income Protection and you change your cover amount using this form, 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](https://australiansuper.com/select) to understand insurance costs paid by you and/or your employer.

<sup>1</sup> Your AustralianSuper Select employer may have arranged a tailored definition of salary, check the AustralianSuper Select booklet for your employer at [australiansuper.com/select](https://australiansuper.com/select)

### 3 A few health questions

All questions must be completed in this section.

1. Are you:

- unemployed
- employed and off work because you are ill, injured or have had an accident
- unable to do all the duties of your usual occupation (without any limitation) full-time (at least 30 hours a week), even if you are working full-time, part-time or casually, or
- in your usual occupation but your duties have changed or been modified in the last 12 months, because of an illness, accident or injury?

Yes ☐ No ☐

2. Have you:

- in the last 12 months, been away from work for more than 10 working days in a row because you were ill or injured, or
- been advised by, or discussed with your medical practitioner that because of an illness or injury you'll need to take at least 10 working days in a row off work (regardless if diagnosed) in the next 12 months?

Yes ☐ No ☐

3. Have you been diagnosed with an illness or injury that reduces your life expectancy to less than 12 months?

Yes ☐ No ☐

4. Have you ever been declined Death, TPD or Income Protection cover, or been excluded from insurance cover for a specific medical condition or injury?

Yes ☐ No ☐

5. Have you ever made or satisfied the requirements to make a claim for an injury or illness either in Australia or overseas through:

- AustralianSuper or another super fund
- Workers' Compensation
- an illness benefit or invalid pension
- an insurance Policy that provides Terminal illness, TPD cover, or Income Protection (including accident or illness cover), or
- a common law settlement?

Yes ☐ No ☐

**If you answer Yes to any of the above questions, you're not eligible to increase your Income Protection using this form.**

You can apply for more cover anytime by logging into your account and going to *Insurance* or by completing the *Change your Insurance* form at [australiansuper.com/select](https://australiansuper.com/select)

#### 4 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).
- My employer to divulge to AustralianSuper or the Insurer any or all information concerning my salary increase. Photocopies are as valid as the original.
- AustralianSuper or the Insurer to contact my employer to obtain confirmation of information provided on this form and to obtain copies from my employer and/or union of any relevant documents related to my salary increase.

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.
- The answers I've provided are true, complete and correct.
- I'm aware that a document that outlines the target market each AustralianSuper product is designed for is available at [australiansuper.com/tmd](https://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](https://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](https://australiansuper.com/TrustDeed)
- I've read the Privacy Collection Statement on page 1 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:

- 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 I fix my Income Protection, I understand that my cover amount won't change and the cost will increase with age. The total cost will be deducted monthly from my super account.
- If my employer pays for my basic Income Protection and I change my cover amount using this form, they'll stop paying for my Income Protection. The total cost will be deducted monthly from my super account.
- If my application is accepted, my increased cover will be limited cover if I haven't been in active employment for 60 consecutive days, ending on the date my cover increased, and will have the same exclusions and other special conditions that apply to my existing cover, if any.
- Any change in cover that's been accepted by the Insurer will start from the date the change is accepted by the Insurer.
- 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

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A summary of AustralianSuper's Privacy Collection Statement is on page 1. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at [australiansuper.com/CollectionStatement](https://australiansuper.com/CollectionStatement) and [australiansuper.com/privacy](https://australiansuper.com/privacy)

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



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# Employer confirmation of salary increase



Please complete in pen using CAPITAL letters. Read the Privacy Collection Statement on the back of this form to see how AustralianSuper uses your personal information.

As an AustralianSuper member, your employee has the opportunity to increase their Income Protection with AustralianSuper (without needing to provide detailed health information) within 30 days of the effective date or notification of their salary increase. To help your employee take advantage of this offer, please provide confirmation of their salary increase by completing and returning this form to your employee or AustralianSuper as soon as you can.

## 1 Employee's details

Last name		Mr	Mrs	Ms	Miss	Dr
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name/s						
<input type="text"/>						
Date of birth		Male	Female			
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>			

## 2 Employer's details

Employer trading name		Employer ABN	
<input type="text"/>		<input type="text"/>	
Employer's business name (if different)			
<input type="text"/>			
Address			
<input type="text"/>			
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"/>	
Email			
<input type="text"/>			
Name of person completing this form			
<input type="text"/>			
Position of person completing this form		Employer number	
<input type="text"/>		<input type="text"/>	

## 3 Employee's salary details

Please provide your employee's annual before-tax salary, excluding Superannuation Guarantee (SG) contributions.

Employee's previous salary	Employee's new salary
\$ <input type="text"/> , <input type="text"/> , <input type="text"/> a year	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> a year
Effective date of new salary:	Notification date of new salary:
<input type="text"/>	<input type="text"/>

## 4 Employer declaration

I declare that:

- All answers provided on this form, including those not in my own hand-writing, are true and correct.
- The employee (named in section 1) is currently employed by the employer noted in section 2 and is currently carrying out all the identifiable duties of their employment without restriction due to injury or illness.
- I've read the Privacy Collection Statement below and I understand how AustralianSuper will use the personal information provided on this form.

Sign here


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Date \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y
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Print full name

[illegible]

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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](http://australiansuper.com)**