

The duty to take reasonable care

When applying for new or increased cover you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. Please read the important information on the duty to take reasonable care, consequences for not meeting this duty, and guidance on how to answer questions in this form (page 11). Ensure you consider the answers you've given before you sign and submit this application to us.



Go online

Did you know that you can apply for, change or cancel your insurance cover online anytime by logging into your account and going to *Insurance*, then *Manage insurance*.



You can use this form to make any of these changes to your insurance cover:

If you want to:

- Apply for new cover
- Cancel all or part of your cover
- Change your individual work rating
- Change your existing Death and TPD cover
- Change your existing Income Protection, including your waiting period and benefit payment period.

AustralianSuper will only make changes to each type of cover you change on this form. AustralianSuper insurance is provided by TAL Life Limited (the Insurer), ABN 70 050 109 450, AFSL 237848. 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 you of those changes where required by law.

Cover designs available through AustralianSuper:

Cover designs	
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.
Fixed cover ¹	Your total amount of cover stays the same as you get older (unless you change it) but the cost will change. If you fix your total cover, you may need to provide detailed health information for the Insurer to consider if you decide to apply for basic cover in the future.

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. 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
- 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 adviser². Go to australiansuper.com/advice for more information.



¹ After age 60, your fixed TPD cover amount will reduce each year until you turn 65 when it reaches zero. If you have basic age-based cover plus extra (fixed) TPD cover, this will also apply to that fixed amount of TPD cover. 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.

² Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Fees may apply.

1 Your personal details

2 Your salary and occupation details

i

- hours a week

20742 05/25 page 2 of 12

3 Your individual work rating

Your work rating is one of the factors that determines how much you pay for your insurance cover. The default individual work rating at AustralianSuper is Blue Collar. **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 ☐ 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).
2. 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).
3. Do you have a university qualification? Yes ☐ No ☐
4. Do you have a management role in your company? Yes ☐ No ☐

4 Apply for new cover or change your existing cover

When applying for new or increased cover

Your application is subject to consideration by the Insurer. The Insurer considers the information provided on your application (e.g. your personal health, medical history, occupation and salary) when making a decision. Go to australiansuper.com/ChangingCover to understand how the Insurer considers your application.

Check your medical eligibility

Check your medical eligibility for new or increased cover (including an increase to your Income Protection benefit payment period, or if you're aged 63 or 64 and reducing your benefit payment period to up to two years).

You're not eligible to obtain new cover or an increase to your cover if you:

- are awaiting investigation for any symptoms, lump, tumor or growth which could include a biopsy, gastroscopy, colonoscopy, or endoscopy, or
- have to have surgery other than on your arm, hand, joint, or leg.

You can still use this application to make other changes to your existing cover, such as cancelling or reducing your cover, switching from age-based to fixed cover, and changing your individual work rating or Income Protection waiting period.

You may be able to apply if your circumstances change. Any insurance cover and costs you already have will remain unchanged. If you have any questions or disagree with this, please contact the Insurer on 1300 302 961 or send an email to aussuper@tal.com.au

If your application is accepted

If your application is accepted, AustralianSuper will write to you to confirm when the changes to your cover will commence.

Your eligibility to claim for benefits will be determined in line with AustralianSuper's insurance policy terms and conditions.

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.

The cost of your cover will be deducted monthly from your super account from the date your cover starts, so you'll need to have enough money in your super account to pay for your insurance costs.

If you aren't regularly receiving contributions, your cover could stop – including the cover you're applying for now. Check what you need to do before you submit this application in the *When cover stops and how you can get cover again* section of the *Insurance in your super* guide.



When cancelling your cover

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 automatically even if you meet age and balance requirements in the future.
- 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. Claims may still be paid for something that happened before you cancelled.
- The cost of cover will stop being deducted from your super account (costs are deducted one month in arrears).
- You might not be able to get cover later. That's because you'll need to apply 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 your other super fund or insurer confirms your cover has started.

4 Apply for new cover or change your existing cover (continued)

Death and Total & Permanent Disablement (TPD)

Complete this section to:

- apply for new Death and/or TPD cover
- apply for more Death and/or TPD cover
- reduce your Death and/or TPD cover
- cancel your Death and/or TPD cover
- change your age-based cover to fixed cover.

Not sure what's right for you?

Use our Insurance needs calculator at australiansuper.com/InsuranceCalculator to work out how much cover you might need (if any) and what it might cost.



Mark the relevant box(es) below to apply for, change or cancel your Death cover.

I want the following Death cover	I want to cancel the following Death cover
You can apply for age-based, fixed or age-based plus extra (fixed) cover.	
Age-based cover Your cover amount will be based on your age. <input type="checkbox"/>	ALL Death cover <input type="checkbox"/>
Fixed cover Write the total amount of fixed cover you want in \$1,000 amounts (including any existing cover). The Insurer will assess you on any additional cover amounts. To decrease your cover, write the total amount you're reducing your cover to. This amount will be added to any age-based cover you have (or apply for). \$ <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"/>	Age-based cover <input type="checkbox"/>
	Remove my multiple 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. <input type="checkbox"/>
	Fixed cover <input type="checkbox"/>

If you've applied for new Death cover (age-based or fixed cover) or applied to increase your Death cover amount, you must complete section 5 Health questions.



Mark the relevant box(es) below to apply for, change or cancel your TPD cover.

I want the following TPD cover ¹	I want to cancel the following TPD cover
You can apply for age-based, fixed or age-based plus extra (fixed) cover.	
Age-based cover Your cover amount will be based on your age. <input type="checkbox"/>	ALL TPD cover <input type="checkbox"/>
Fixed cover Write the total amount of fixed cover you want in \$1,000 amounts (including any existing cover). The Insurer will assess you on any additional cover amounts. To decrease your cover, write the total amount you're reducing your cover to. This amount will be added to any age-based cover you have (or apply for). \$ <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"/>	Age-based cover <input type="checkbox"/>
	Remove my multiple 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. <input type="checkbox"/>
	Fixed cover <input type="checkbox"/>

If you've applied for new TPD cover (age-based or fixed cover) or applied to increase your TPD cover amount, you must complete section 5 Health questions.



¹ If you're a Police Officer, you're not eligible to obtain or increase TPD or Income Protection cover using this form due to the hazardous nature of your occupation.

4 Apply for new cover or change your existing cover (continued)

Income Protection

Complete this section to:

- apply for new Income Protection
- apply for more Income Protection
- reduce or cancel your Income Protection,
- apply to change your waiting period and/or benefit payment period.

Not sure what's right for you?

Use our Insurance needs calculator at australiansuper.com/InsuranceCalculator to work out how much cover you might need (if any) and what it might cost.



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.



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).

I want the following Income Protection ¹	I want to cancel my Income Protection	
You can apply for age-based or fixed cover.		
Age-based cover Your cover amount will be based on your age. <input type="checkbox"/>		
OR		
Fixed cover This amount will replace any age-based cover you have. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a month Write the amount you want in \$100 amounts (this could be more, less or the same as what you already have). OR <input type="checkbox"/> Maximum cover available (the lesser of 85% of your monthly salary or \$30,000 a month)	OR	<input type="checkbox"/>

To change your benefit payment period and waiting period, please complete the section below.

Waiting period

☐ 30 days

OR

☐ 60 days

This is how long you'll need to wait to receive Income Protection payments if you can't work because of an accident or illness. Payments will start after your waiting period ends, and are paid monthly in arrears. A shorter waiting period will cost more. If you're applying for Income Protection and you don't make a choice your waiting period will be 60 days. You can change your waiting period to 30 days.

Benefit payment period

☐

Up to 2 years

OR

☐

Up to 5 years

OR

☐

Up to age 65

This is the maximum length of time that payments may be made if you're unable to work due to illness or injury. 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 2 years. Depending on your occupation you can apply for a benefit payment period up to 5 years or up to age 65. There are some occupations where you can't have a benefit payment period up to 5 years or up to age 65. These occupations are listed at australiansuper.com/occupations

If you've applied to make changes to your Income Protection, you may need to complete section 5 Health questions. Check the criteria on the next page.



¹ If you're a Police Officer, you're not eligible to obtain or increase TPD or Income Protection cover using this form due to the hazardous nature of your occupation.

Part One: Health Statement



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 individual work rating or Income Protection waiting period. To complete your application, go to section 12 to read, sign and date the Authorisation, declaration and acknowledgement.

Complete the next two sections if you're:

- applying for new cover (age-based cover or fixed cover)
- applying to increase your cover amount
- applying to increase your Income Protection benefit payment period (unless you're aged 63 or 64, or, you're aged 60 to 62 and increasing your benefit payment period from up to five years to 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 Income Protection to age 70).

5 Health questions

1. Have you ever had an application for Life, Total & Permanent Disablement, Trauma, Income Protection or Salary Continuance insurance declined, or have you been accepted with varied terms from what you had applied for, such as loadings (extra costs) or exclusions (events or circumstances that you will not be covered for) or a restriction (an amount less than what you applied for)? 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 (to the nearest centimetre and kilogram)?

If you answer **Yes** to any question in 4 to 8 in this section, you'll also need to complete a general health questionnaire in **section 10**.

4. Have you ever received medical advice or had any investigations 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, urinary bladder, prostate, ovaries or uterus? Yes ☐ No ☐
- d) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes ☐ No ☐
- e) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind? Yes ☐ No ☐
- f) Drug dependence or overuse (either prescribed or non-prescribed), or alcohol dependence or overuse? Yes ☐ No ☐
- g) 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 ☐
- h) 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 speech or hearing (including tinnitus)? Yes ☐ No ☐
- i) The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes ☐ No ☐
5. **Apart from any condition already disclosed**, 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. **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 ☐
7. **Apart from any condition already disclosed**, 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 Health questions (continued)

8. **Apart from any condition already disclosed**, 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 ☐

If you answer **Yes** to question 9a and/or 9b below, you'll also need to complete a specific health questionnaire in **section 11**.

9. Have you ever received medical advice or had any investigations or treatment (including surgery) for any of the following conditions:
- a) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? Yes ☐ No ☐
- b) 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 ☐

6 Doctor details

To continue the assessment of your application, the Insurer may need to contact your usual doctor for more information. Please provide your usual doctor's name and contact details below.

If you don't know your doctor's details, you can leave this section blank. If the Insurer needs more information, they'll use the details you've provided in section 1 to contact you.

Full name of doctor or medical centre

Street address

Suburb

State

Postcode

Telephone

Fax number

Part Two: Detailed Health Statement

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.

Complete the next three sections (7, 8 and 9) if you answer Yes to any of the questions below:

- Will your total Death or TPD cover exceed \$800,000 if this application is accepted? Yes ☐ No ☐
- Will your total Income Protection exceed \$10,000 a month if this application is accepted? Yes ☐ No ☐
- If you currently have Income Protection with a benefit payment period up to 5 years or up to age 65, are you applying to increase your monthly cover amount? Yes ☐ No ☐
- If you currently have Income Protection, are you increasing your Income Protection benefit payment period to up to five years?
Answer **No** if you currently have Income Protection with a benefit payment period up to two years and you're aged 63 or 64. Yes ☐ No ☐
- If you currently have Income Protection, are you increasing your Income Protection benefit payment period to up to age 65?
Answer **No** if you currently have Income Protection with:
 - a benefit payment period up to five years and you're aged 60 to 64, or
 - a benefit payment period up to two years and you're aged 63 or 64.Yes ☐ No ☐
- If you currently have Income Protection, and you're aged 63 or 64, are you changing your Income Protection benefit payment period to up to two years (which means you're extending your cover to age 70)? Yes ☐ No ☐
- If you don't have Income Protection, are you applying for an Income Protection benefit payment period up to five years or up to age 65? 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 12.



If you answered **Yes** to certain questions in section 5, you'll also need to complete the health questionnaires (section 10 and/or 11). Go to section 5 to check.

7 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
 - Football, rugby, soccer
 - Horse/equestrian sports
 - Martial arts, combat sports
 - Competitive road cycling, mountain bike riding
 - Mountaineering, outdoor rock climbing or abseiling
 - Hang gliding, paragliding, skydiving, parachuting
 - Competitive surfing, water or snow skiing/board
 - Motor sports (excluding using motorcycle/vehicle for commuting purpose)
 - Flying as a pilot, crew or passenger in an aircraft/vessel (other than travel with a major commercial airline).
- Yes ☐ No ☐

7 Activities and pastime details (continued)

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

What are the activities you engage in?

At what level do you participate?

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

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

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Do you receive any income from participating in these activities?

Yes ☐ No ☐

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

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8 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.

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

Substance smoked

Frequency

Date first smoked

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Date last smoked

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

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 or vaped, frequency of use, date first smoked or vaped and when last smoked or vaped.

Substance smoked

Frequency

Date first smoked

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Date last smoked

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

3. Do you drink alcohol? Yes ☐ No ☐

3.1 If **Yes**, what is the **most number** of standard drinks that you would drink in a day?

One standard drink is: 1 glass of wine, 1 full-strength beer, 1 nip of spirits

Please round to the nearest whole number. If between 0 and 1, please enter 1.

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3.2 How often would you drink this amount

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3.3 How many standard drinks do you have per day on average?

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9 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, heart attack, cardiomyopathy), cancer (i.e. prostate, breast, bowel, ovaries), diabetes, neurological condition (i.e. Alzheimer's disease, motor neurone disease, multiple sclerosis, Parkinson's disease, stroke), Huntington's disease, polycystic kidney disease, muscular dystrophy, blood disorder (i.e. bleeding problem, thalassaemia, sickle cell disease), or any other medical condition (which a medical practitioner indicated may be inherited)?

If family history is unknown, answer No.

☐ No ☐ 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)

10 General health questionnaire

If you have answered **Yes** to questions 4 to 8 in **section 5**, 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"/> <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"/> <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"/> <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"/> <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:	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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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

11 Specific health questionnaire

Please complete the relevant questionnaire below if you've answered **Yes** to question 9a and/or 9b in **section 5**.

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

[illegible]

Fax number

[illegible]

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

[illegible]

Fax number

[illegible]

12 Authorisation, declaration and acknowledgement

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.

This section must be completed in all circumstances.

Declaration

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 information on this application form, including the Duty to take reasonable care. I understand that 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'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.

12

I acknowledge that:

- AustralianSuper will only make changes to the cover I've applied for or changed on this application (subject to the Insurer accepting my application where applicable).
- For any changes accepted by the Insurer, AustralianSuper will confirm when the change will start.
- The cost of cover will be deducted monthly from my super account, so I'll need to have enough money in my super account to cover it.
- Any cover I've cancelled will stop from the date my cancellation is received by AustralianSuper or the Insurer as applicable.
- If I've cancelled any of my cover, that cover type won't start automatically in the future.
- If I haven't applied to change my individual work rating, there won't be a change to my individual work rating.
- If I'm eligible, benefit payments will be based on my pre-disability income and other factors. Benefit payments can't be greater than 85% of my pre-disability income (up to 75% is paid to me and up to 10% to my super) and they may be reduced by income I receive from other sources.
- 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. Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information. 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-policy. For information on the Insurer's privacy and information handling practices, read their Privacy Policy at tal.com.au/privacy or call 1300 302 961 for a copy.



Privacy Collection Statement

AustralianSuper Pty Ltd (ABN 94 006 457 987) of GPO Box 1901, Melbourne, Victoria 3001, collects your personal information (PI), including health information (if applicable) to assess, administer, manage and keep you updated on your insurance cover application or insurance 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 (if applicable) from you or your employer, adviser, other insurer or reinsurer, or other representative authorised by you and is provided to us, our administrator or to our insurers. If required, we or the Insurer will 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 the Insurer (TAL Life Limited (ABN 70 050 109 450, AFSL 237848) or other relevant insurer for certain insurance claims, our administrator (Australian Administration Services Pty Ltd, being a part of MUFG Pension & Market Services Holdings Ltd), our contact centre provider (Concentrix Services Pty Ltd), 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 or call us on **1300 300 273**.

Please upload a scanned copy of your completed form at australiansuper.com/upload-documents or post it to **AustralianSuper, GPO Box 1901, MELBOURNE VIC 3001**

Questions? Call 1300 300 273 or visit australiansuper.com