

# Change your insurance

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

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

## Before you change your cover:



- 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](https://australiansuper.com/InsuranceGuide)
- Use our insurance calculator at [australiansuper.com/InsuranceCalculator](https://australiansuper.com/InsuranceCalculator) to work out how much cover you might need (if any) and what it might cost.
- Check if you may be eligible to apply for a different individual work rating by answering a few questions at [australiansuper.com/WorkRatingTool](https://australiansuper.com/WorkRatingTool)
- Consider getting financial advice. As an AustralianSuper member, you have access to a choice of help and advice options from simple, personal advice over the phone, to more comprehensive, broader advice with a financial adviser<sup>1</sup>. Go to [australiansuper.com/advice](https://australiansuper.com/advice) for more information.

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.

If you want to:	Complete section(s)
Cancel all or part of your cover	2. Cancel your cover <input type="checkbox"/>
Change your individual work rating	4. Change your individual work rating <input type="checkbox"/>
Change your Death and TPD cover	6. Death and Total & Permanent Disablement (TPD) cover <input type="checkbox"/>
Change your Income Protection	7. Income Protection <input type="checkbox"/>
Apply for new cover or increase your cover amount(s), and/or change your Income Protection benefit payment period.	3. Apply for new cover or change your existing cover <input type="checkbox"/>
<div>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 in the <i>Insurance in your super</i> guide to keep your insurance cover before you submit this application.</div>	5. Your salary and occupation details <input type="checkbox"/>
	8. Health questions <input type="checkbox"/>
	9. Doctor details <input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in <b>PART TWO</b> (page 8) of this form.

## For all changes, you must:



- Provide your personal details in section 1.
- Sign and date the Authorisation, declaration and acknowledgement in section 15.

## Check your medical eligibility for new or increased cover

You're not eligible to apply for new or increased cover or a longer Income Protection benefit payment period if you:

- are awaiting investigation for any symptoms, lump, tumour 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 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 re-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 outcome, please contact the Insurer on 1300 302 961 or send an email to [aussuper@tal.com.au](mailto:aussuper@tal.com.au)

<sup>1</sup> Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Fees may apply.

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="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"/>						
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"/>						
Suburb				State		Postcode
<input type="text"/>				<input type="text"/>		<input type="text"/>
Postal address (if different)						
<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"/>		

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

## 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 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.

You should consider getting financial advice to help work out if cancellation is right for you. As an AustralianSuper member, you also have access to a choice of help and advice options from simple, personal advice over the phone, to more comprehensive, broader advice with a financial adviser<sup>1</sup>. Go to [australiansuper.com/advice](https://australiansuper.com/advice) for more information.

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

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

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

<sup>1</sup> Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Fees may apply.

### 3 Apply for new cover or change your existing cover

Read this section if you're applying for new cover or increasing your existing cover (this includes if you're increasing your Income Protection benefit payment period or if you're aged 63 or 64 and decreasing your Income Protection benefit payment period to up to two years).

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 and salary) when making a decision. Go to [australiansuper.com/ChangingCover](https://australiansuper.com/ChangingCover) to understand how the Insurer considers your application.

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

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

#### 3.2 Cover designs

Cover designs		Type of cover available	
		Death and TPD	Income Protection
Age-based cover <sup>1</sup>	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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed cover <sup>2</sup>	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 and are eligible to apply for basic cover in the future.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Age-based cover + extra (fixed) cover	You'll have a combination of age-based cover plus an extra amount of fixed cover.	<input checked="" type="checkbox"/>	n/a

<sup>1</sup> Members in GHD Superannuation Plan have tailored basic Death and TPD age-based cover amounts. The age-based cover amounts you can apply for on this form are lower than your basic age-based cover amounts. Check the *Insurance in your super* guide for the age-based cover amounts you'll get.

<sup>2</sup> 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.

### 4 Change your individual work rating

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

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

Complete the questions below.

- 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 ☐

### 5 Your salary and occupation details

Provide your salary and occupation if you want to apply for new or more cover (this includes if you're increasing your Income Protection benefit payment period or if you're aged 63 or 64 and decreasing your Income Protection benefit payment period to up to two years).

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

(If you're not currently in paid employment, please write \$0)

Main occupation/Job title

(If you're not currently in paid employment, please write Unemployed person, Student, Retiree or Home Duties as appropriate)

How many hours do you work in a typical week?

If you're not currently in paid employment, write 0.

hours a week

<sup>1</sup> If you own a business or aren't an employee, see what salary means for you in the *Insurance in your super* guide at [australiansuper.com/InsuranceGuide](https://australiansuper.com/InsuranceGuide)

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

Complete this section to apply for new cover or change your existing cover (increase or decrease). AustralianSuper will only make changes you apply for on this form (subject to the Insurer accepting your application where applicable).

You can:

- a) apply for age-based cover<sup>1</sup>
- b) apply for or change your fixed cover (includes switching your age-based cover to fixed cover)
- c) apply for or change your extra (fixed) cover, or
- d) remove multiples of cover (see the *Insurance in your super* guide for details about multiples and how much cover you'll get).

If your application is accepted, AustralianSuper will confirm when the changes to your Death and/or TPD cover will commence. 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 the Insurer accepts your application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to your cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.

If you aren't regularly receiving contributions, your cover could stop – including the cover you're applying for now. Check what you need to do to keep your insurance cover 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.

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

Cover options	Type of cover	Cover in \$1,000 amounts
a) Age-based cover <sup>1</sup>	<input type="checkbox"/> Age-based Death <input type="checkbox"/> Age-based TPD	Your cover amount will be based on your age.
b) Fixed cover only Use this option to convert age-based cover (including multiples of age-based cover) to fixed cover	<input type="checkbox"/> Fixed Death <input type="checkbox"/> Fixed TPD <sup>2</sup>	<div>           \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>           \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Write the amount you want (this could be more, less or the same as what you already have). This amount will replace any age-based cover you have. If you just want to add extra (fixed) cover to your age-based cover, fill in section (c).</div>
c) Extra (fixed) cover	<input type="checkbox"/> Extra Death <input type="checkbox"/> Extra TPD <sup>2</sup>	<div>           \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>           \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Write the amount you want (this could be more, less or the same as what you already have). This amount will be added to your age-based cover. If you don't want any age-based cover, fill in section (b) instead.</div>
d) Remove my multiple	<input type="checkbox"/> Death <input type="checkbox"/> TPD	If your multiple is greater than 1.0, your age-based cover will reduce to the basic cover amount and any extra (fixed) cover you have will stay the same. If it's less than 1.0, your total cover amount (and any extra cover you have) will be fixed <sup>1</sup> .

<sup>1</sup> Members in GHD Superannuation Plan have tailored basic Death and TPD age-based cover amounts. The age-based cover amounts you can apply for on this form are lower than your basic age-based cover amounts. Check the *Insurance in your super* guide for the age-based cover amounts you'll get.

<sup>2</sup> 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.



You may need to complete the health questions. Go to section 8 to check.

## 7 Income Protection

Complete this section to apply for new cover or change your existing Income Protection (increase or decrease). AustralianSuper will only make changes you apply for on this form (subject to the Insurer accepting your application where applicable).

If your application is accepted, AustralianSuper will confirm when the changes to your Income Protection will commence. 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 to keep your insurance cover 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.

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

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

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

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



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

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

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

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

Print (X) below to confirm what you want.

Cover options	Cover in \$100 amounts
<input type="checkbox"/> Age-based Income Protection	Your cover amount will be based on your age.
<b>OR</b>	
<input type="checkbox"/> Fixed Income Protection (or convert age-based Income Protection to fixed Income Protection)	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a month <span>Write the amount you want (this could be more, less or the same as what you already have). This amount will replace any age-based cover you have.</span>

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

You can't change your benefit payment period or waiting period if you don't have Income Protection or aren't applying for Income Protection as part of this application.

<b>Benefit payment period</b>	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 <sup>1</sup> 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.	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65
<b>Waiting period</b>	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 and you don't make a choice 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



You may need to complete the health questions. Go to section 8 to check.

<sup>1</sup> You should check your eligibility, because 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](https://australiansuper.com/occupations)

## 8 Health questions



You don't need to complete health questions if your cover amount is decreasing, your cover amount is unchanged (for example you switch from age-based to fixed cover), or you're only changing your individual work rating or Income Protection waiting period. To complete your application, go to section 15 to read, sign and date the Authorisation, declaration and acknowledgement.

### Complete this section if you're:

- applying for new cover (age-based cover or fixed cover)
- applying to increase your cover amount
- applying to increase your Income Protection benefit payment period to up to five years or up to age 65 (unless you're aged 60 to 62 and increasing your benefit payment period from up to five years to up to age 65, or you're aged 63 or 64), 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).

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 questions 4 to 8 below, you'll also need to complete a general health questionnaire in **section 13**.

4. Have you ever received medical advice or had any investigations or treatment (including surgery) for any of the following conditions:
- Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder? Yes ☐ No ☐
  - Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes ☐ No ☐
  - Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, urinary bladder, prostate, ovaries or uterus? Yes ☐ No ☐
  - Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes ☐ No ☐
  - Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind? Yes ☐ No ☐
  - Drug dependence or overuse (either prescribed or non-prescribed), or alcohol dependence or overuse? Yes ☐ No ☐
  - 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 ☐
  - 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 ☐
  - 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 ☐







## 10 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)

--

Do you receive any income from participating in these activities?

Yes ☒ No ☒

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

--

## 11 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.

1.1 Have you smoked cigarettes? Yes ☒ No ☒

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

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

Substance smoked	Frequency	Date first smoked	Date last smoked																						
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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	Date last smoked																						
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																		

3. Do you drink alcohol? Yes ☒ No ☒

If **Yes**, what is the maximum number of drinks (in standard units) that you would consume on any given day?

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

One standard drink is: a nip of spirits (30ml), a glass of wine (100ml), a pot of full strength beer (285ml).

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## 12 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 neuron 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)

### 13 General health questionnaire

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

	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
1. Name of condition			
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 <b>daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other.</b>			
5. Severity of condition Please choose from one of the following <b>mild, moderate, severe, never had symptoms, symptoms ceased.</b>			
6. Did you take medication or have you had any other treatment (ie physiotherapy or an operation) for this condition? If <b>Yes</b> , 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 <b>Yes</b> , please state the total time off work: 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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>
9. Have you had any residual, ongoing effects or restrictions as a result of this condition? If <b>Yes</b> , please provide details and dates:  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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>
10. Is your treating doctor different from your usual doctor? If <b>Yes</b> , 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

## 14 Specific health questionnaire

Please complete the relevant questionnaire below if you've answered **Yes** to question 9 in section 8.

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

- [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.

- [illegible]

## 15 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 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](https://australiansuper.com/pds) and the *Insurance in your super* guide at [australiansuper.com/InsuranceGuide](https://australiansuper.com/InsuranceGuide) and understand that the additional information referred to in the guide is also part of the Product Disclosure Statement.

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.
- A photocopy of this authorisation is as valid as the original.

Sign here

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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](https://australiansuper.com/CollectionStatement) and [australiansuper.com/privacy-policy](https://australiansuper.com/privacy-policy). 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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Questions? Call **1300 300 273** or visit **australiansuper.com**