Change your insurance

Use this form to apply for new cover or to increase, reduce, change or cancel your cover to suit your needs.

You can also use this form to apply to change your work rating, Income Protection benefit payment period or Income Protection waiting period. AustralianSuper will only make changes to each type of cover you change on this form. You can choose from the following cover options:

Cover options		Type of cover available	
		Death and TPD	Income Protection
Age-based cover	Both the amount of cover you get and the cost of it changes as you get older.	☑	☑
Age-based cover + extra (fixed) cover	You can add an extra amount of cover on top of your age-based cover. The extra amount is provided as fixed cover and will stay the same as you get older (unless you change it) but the cost will change.	☑	n/a
Fixed cover	You can apply for a total amount of fixed cover. This means your total amount of cover stays the same as you get older (unless you change it) but the cost will change.	☑	☑

Your application is subject to consideration by the Insurer (TAL Life Limited). Go to **australiansuper.com/ChangingCover** to understand how the Insurer considers your application.

Before you change your cover:

- Check your latest statement or log into your account to understand what type and how much cover you have.
- Read the *Insurance in your super guide* for your division. It contains terms and conditions about insurance, including how much you can apply for, your eligibility for cover, cost of cover, when cover starts and stops, and limitations or exclusions. Go to **australiansuper.com/InsuranceGuide**
- Use our insurance calculator at australiansuper.com/calculators to work out the right level of cover for you, and the cost of it.

Duty of Disclosure

Your duty of disclosure to the insurer

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect its decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you extend, vary or reinstate your insurance cover.

You do not need to tell the insurer anything that:

- reduces the risk it insures you for, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives your duty to tell it about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and the insurer would not have insured you if you had told the insurer, the insurer may avoid the contract to provide you with that insurance within three years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the insurer everything you should have. However, if the contract provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, the insurer may, at any time vary the contract in a way that places the insurer in the same position it would have been in if you had told the insurer everything you should have. However, this right does not apply if the contract provides cover on death.

If your failure to tell the insurer is fraudulent, the insurer may have the right to refuse to pay a claim and treat the contract as if it never existed.

Our duty of disclosure

The Trustee has a similar duty to tell the insurer anything that it knows that may affect the insurer's decision to provide you with insurance, and if the Trustee fails to do so the consequences are comparable.

Change your insurance

AustralianSuper

Please complete in pen using CAPITAL letters and print ☒ to mark boxes where applicable. Read the Privacy Collection Statement at the end of this form to see how AustralianSuper uses your personal information.

1. YOUR PERSONAL DETAILS

Last name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐

First name

Date of birth (D D M M Y Y Y Y)

Your member number

Gender (M F)

Street address

Suburb

State

Postcode

Postal address (if different)

Suburb

State

Postcode

Telephone (business hours)

(after hours)

Mobile

To process your application, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (the Insurer) may send you specific health questionnaires to complete. To receive them by email please provide your address below:

Email

Provide your salary if you want to apply for more cover or change your work rating*.

Annual (before-tax) salary, excluding employer super contributions $, , . 0 0

Provide your occupation if you want to apply to change your work rating*.

Job title/occupation

Average number of hours you work in your main occupation _____ hours a week

* If you're a Public Sector Division member, your work rating only applies to Income Protection.

2. DEATH AND TPD COVER

Complete this section to apply for cover or change your existing cover (increase or reduce). You can:

a) apply for age-based cover

b) apply for or change your extra (fixed) cover

c) apply for or change your fixed cover (includes switching your age-based cover to fixed cover), or

d) remove multiples of cover (see the *Insurance in your super* guide for your division for details about multiples and how much cover you'll get).

If you want to cancel any part of your cover (or all of it), go to Section 5.

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

Cover options	Type of cover	Cover in $1,000 amounts
a) Age-based cover	☐ Age-based Death* ☐ Age-based TPD*	Your cover amount will be based on your age*.
b) Extra (fixed) cover	☐ Extra Death ☐ Extra TPD†	$, , 0 0 0 $, , 0 0 0 Write the amount you want added to your age-based cover.

Cover options	Type of cover	Cover in $1,000 amounts
c) Fixed cover	☐ Fixed Death ☐ Fixed TPD†	$, , 0 0 0 $, , 0 0 0 Write the amount of fixed cover you want. If you have age-based cover it'll be replaced with fixed cover.

Cover options	Type of cover	
d) Remove my multiple	☐ Death ☐ TPD	If your multiple is greater than 1.0 your age-based cover will reduce to the basic cover amount and any extra (fixed) cover you have will stay the same. If it is less than 1.0 your total cover amount (and any extra cover you have) will be fixed†.

* Age-based cover starts at age 25 (if you're eligible). See the *Insurance in your super* guide for your division for age-based cover amounts.

† Any amount of fixed TPD cover will reduce gradually from age 61 to zero at age 65, unless you're a Public Sector Division member.

Please complete the Health Questions in Section 6 if you're:

- applying for cover, or
- increasing your cover amount.

You don't need to complete Section 6 if your cover amount is decreasing or unchanged (for example you switch from age-based to fixed cover).

3. INCOME PROTECTION

Complete this section to apply for or change your Income Protection (includes switching your age-based cover to fixed cover). If you want to cancel your cover, go to Section 5.

The maximum amount of Income Protection you can apply for will be the lower of 85% of your monthly salary*, or $30,000 a month. Up to 75% is paid to you and up to 10% to your super.

* Salary is your annual (before-tax) salary, excluding employer super contributions.

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 employer super contributions. The maximum cover amount he can apply for is:

$\frac{\$78{,}000 \times 0.85}{12 \text{ (months)}}$ = $5,525 a month → **Ben can apply for cover up to $5,600 a month.** (rounded up to the nearest $100)

Print (✗) below to confirm what you want to do.

Cover options	Cover in $100 amounts	
☐ Age-based Income Protection†	Your cover amount will be based on your age†.	
☐ Fixed Income Protection	$, 0 0 a month	Write the amount of fixed cover you want. If you have age-based cover it'll be replaced with fixed cover.

† Age-based cover starts at age 25 (if you're eligible). See the *Insurance in your super* guide for your division for age-based cover amounts.

Please complete the Health Questions in Section 6 if you're:

- applying for cover, or
- increasing your cover amount.

You don't need to complete Section 6 if your cover amount is decreasing or unchanged (i.e. you switch from age-based to fixed cover).

3.1 WAITING PERIOD AND BENEFIT PAYMENT PERIOD

Complete this section to select or change your waiting period and/or benefit payment period (go to Section 4 if you don't want to make a change). Print (✗) below to confirm what you want to do.

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

Waiting period	This is the minimum time you must wait before you'll start receiving an Income Protection benefit payment (as long as you're eligible). Payments are made one month in arrears. If you're applying for Income Protection your waiting period will be 60 days. You can change your waiting period to 30 days. A shorter waiting period will cost more. Your new waiting period is effective from the date we accept your application plus the number of days of your current waiting period. For example if you change your waiting period from 60 days to 30 days and then you claim within 30 days of making the change, you'll need to complete a 60 day waiting period.	☐ 30 days ☐ 60 days
Benefit payment period	If you're applying for Income Protection cover your benefit payment period is up to two years. This means benefits may be paid for a maximum of two years if you're temporarily unable to work due to illness or injury. Depending on your occupation‡ you can apply to change your benefit payment period to up to five years or up to age 65. With a benefit payment period of up to five years or up to age 65 your Income Protection cover will end when you turn 65. A longer benefit payment period will cost more. ‡ There are some occupations where you can't have a benefit period of up to five years or up to age 65. These occupations are listed at **australiansuper.com/occupations**	☐ Up to two years ☐ Up to five years ☐ Up to age 65

Please complete the Health Questions in Section 6 if you're:

- applying for a benefit payment period of up to five years or up to age 65, or
- aged 63 or 64 and reducing your benefit payment period to two years (which means you're extending your cover to age 70).

You don't need to complete Section 6 if you're only changing your waiting period.

4. YOUR WORK RATING

You could pay less if your work is rated as Low Risk or Professional. Complete this section to apply to change your work rating*. For more information on work ratings download the *Insurance in your super* guide for your division at **australiansuper.com/InsuranceGuide**

1. Are the usual activities of your 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 qualification 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. Are you earning $100,000 or more a year from your job? Yes ☐ No ☐
3. Do you have a university qualification? Yes ☐ No ☐
4. Do you have a management role in your company? Yes ☐ No ☐

* If you're a Public Sector Division member, your work rating only applies to Income Protection.

5. CANCEL YOUR COVER

When you cancel your cover you won't be insured for that cover from the date your cancellation is accepted. This means for the type of cover you cancel:

- You (or your beneficiaries) won't be able to make an insurance claim if something happens after the cancellation.
- The cost will stop being deducted from your account (costs are deducted one month in arrears).
- You might not be able to get cover later. That's because you'll need to reapply and provide health information for the Insurer to consider.

If you're replacing this cover with another insurance policy, before you cancel you should wait until the other insurer confirms your cover has started.

You should consider getting financial advice to help work out if cancellation is right for you.

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

I want to cancel ALL of my cover	☐ Death	☐ TPD	☐ Income Protection
I only want to cancel my extra cover	☐ Extra Death	☐ Extra TPD	

Go to Section 9 if you're only completing Sections 1 and 5.

6. HEALTH QUESTIONS

1. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? If **Yes** please provide details below. Yes ☐ No ☐

Insurance company name	Date	Terms offered and reason

2. Are you claiming or have you ever claimed a benefit from any source (e.g. Total & Permanent Disablement benefit from any Superannuation Fund, Workers' Compensation, Disability pension, Veterans' Affairs or any other insurance policy providing accident or illness benefits)?
   If **Yes** please provide details below. Yes ☐ No ☐

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
	$	

6. HEALTH QUESTIONS (CONTINUED)

3. What's your height and current weight? **Height** (cm) ___ OR (ft/in) ___ **Weight** (kg) ___ OR (st/lb) ___

4. Are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours a week), even if your actual employment is on a part-time or casual basis? Yes ☐ No ☐

5. Have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)? Yes ☐ No ☐

6. Have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? Yes ☐ No ☐

7. Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions:

   a) Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder? Yes ☐ No ☐

   b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes ☐ No ☐

   c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? Yes ☐ No ☐

   d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? Yes ☐ No ☐

   e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout? Yes ☐ No ☐

   f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes ☐ No ☐

   g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? Yes ☐ No ☐

   h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? Yes ☐ No ☐

   i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)? Yes ☐ No ☐

   j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus? Yes ☐ No ☐

8. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? Yes ☐ No ☐

9. **Apart from any condition already disclosed**, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? Yes ☐ No ☐

7. NEXT STEPS

If you answer **Yes** to any of the following questions, you'll also need to complete PART TWO of this form.

- 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 ☐
- Are you applying for an Income Protection benefit payment period of up to five years or up to age 65? Yes ☐ No ☐
- Have you answered **Yes** to any of the questions in Section 6 (Q1 to Q9)? Yes ☐ No ☐

If you answer No to all of the above questions, please read, then sign and date the Declaration in Section 14.

* 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.

PART TWO: DETAILED HEALTH STATEMENT

8. ACTIVITIES AND PASTIME DETAILS

Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? Yes ☐ No ☐

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 or speed reached (if applicable)

9. PERSONAL HEALTH DETAILS

1. Have you smoked in the last 12 months? Yes ☐ No ☐

If **Yes**, please indicate type (for example cigarettes or cigars) and average amount smoked in **one** of the following boxes.

Substance smoked	A day	A week	A year

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

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

Substance smoked	Frequency	Date first smoked	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
		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 ☐

If Yes, please provide the average number of standard drinks you consume (one standard drink is: a nip of spirits, a glass (150ml) of wine, a pot (285ml) of beer).

A day	A week	A year

4. In the last five years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus (this includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive)? Yes ☐ No ☐

If **Yes**, we will contact you to complete a confidential questionnaire.

10. FAMILY HISTORY

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

☐ Unknown ☐ No – go to Section 11 ☐ Yes – complete the following table

Relationship to member	Condition (e.g. Type 2 diabetes, breast cancer)	Approximate age of onset	Age at death (if applicable)

11. DOCTOR DETAILS

1. What's the name and address of the last doctor or medical centre you visited?

Full name of doctor or medical centre

Street address and suburb State Postcode

Telephone Facsimile

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

☐ Within the last month
☐ 1-3 months ago
☐ 4-6 months ago
☐ 7-12 months ago
☐ 12 months to 2 years ago
☐ Over 2 years ago

b) What was the reason for your consultation? (Please specify a reason for the consultation)

c) What was the result/outcome from your last consultation?

☐ Referral to specialist/health professional
☐ Tests conducted – results pending
☐ Not fully recovered yet
☐ Ongoing treatment (for example ventolin inhaler)
☐ Routine tests conducted – results all clear/normal
☐ All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

3. Is the doctor/medical centre mentioned above your usual doctor/medical centre? ☐ Yes ☐ No

12. GENERAL HEALTH QUESTIONNAIRE

If you have answered **Yes** to Questions 4 to 9 in Section 6, please complete the table below.
Please ensure you write the question number in the box above each column.

	Question number	Question number	Question number
1. Name of condition			
2. Date symptoms first started	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
3. Date symptoms ceased	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
(if ongoing please state)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If **Yes**, name the treatment/condition:			
7. Are you still on treatment, including medication?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
8. Have you ever been off work due to this condition?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Details (if there is insufficient space please attach an additional sheet)			
If **Yes**, please state the total time off work? Date from:	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 to:	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9. Have you had any residual, ongoing effects or restrictions as a result of this condition?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If **Yes**, please provide details and dates:			
Date from:	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 to:	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
10. Is your treating doctor different from your usual doctor?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If **Yes**, please provide doctor's details:	Full name of doctor Address (street/state/postcode) Phone and fax number	Full name of doctor Address (street/state/postcode) Phone and fax number	Full name of doctor Address (street/state/postcode) Phone and fax number

13. SPECIFIC HEALTH QUESTIONNAIRE

Please complete relevant questionnaire below if you have answered **Yes** to either Question 7d) or 7e) in Section 6.

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 have had over the last two years due to this condition?

Number of days

g) Is your treating doctor different from your usual doctor? Yes ☐ No ☐

If **Yes**, please complete details below:

Full name of doctor

Street address

Suburb State Postcode

Phone number

Fax number

B. Joint/musculoskeletal questionnaire

If applying for Death only cover complete Questions a) and b) only.
If applying for TPD 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 D M M Y Y

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 tests taken D D M M Y Y

Details of results of tests 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 D D M M Y Y

Date treatment ceased D D M M Y Y

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 D D M M Y Y Date to D D M M Y Y

i) Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes ☐ No ☐

If **Yes**, please provide dates and details

j) Is your treating doctor different from your usual doctor? Yes ☐ No ☐

If **Yes**, complete below:

Full name of doctor

Street address

Suburb State Postcode

Phone number

Fax number

14. DECLARATION

This section must be completed in all circumstances.

I authorise:

- The Insurer to provide any information included in my insurance application (and any medical reports and statements made in connection with my application) 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 information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me.
- Any hospital, doctor or other person who has treated or examined me to give to the Insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

For information on the Insurer's privacy and information handling practices, read their Privacy Policy Statement at tal.com.au or call 1300 209 088 for a copy.

I declare that:

- The answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting).
- I've read and understood the Product Disclosure Statement for my division.
- I've read and understood the *Insurance in your super* guide for my division at **australiansuper.com/InsuranceGuide**
- If I'm a Public Sector Division member I understand that the work rating will only apply to my Income Protection.
- I've read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.
- I've read the Duty of Disclosure at the start of this form and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by AustralianSuper and the Insurer.

A summary of AustralianSuper's Privacy Collection Statement is at the end of this form. 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**

I acknowledge that:

- The answers I've provided, together with any special conditions, will form the basis of the contract of insurance, and that cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between AustralianSuper and the Insurer from time to time.
- If I fix any of my cover, I understand that my cover amount won't change (except TPD cover reduces gradually from age 61 to zero at age 65, unless you're a Public Sector Division member) but the cost will increase with age.
- If I've chosen to cancel any of my cover, I'll no longer be insured for that cover, and:
  - I (or my beneficiaries) won't be able to make an insurance claim if something happens after I cancel.
  - The cost of cover will stop being deducted from my account (costs are deducted one month in arrears).
  - I might not be able to get cover later. If I decide to reapply I'll need to provide health information for the Insurer to consider.
  - If I'm replacing this cover with another insurance policy, I'll wait until the other insurer confirms my cover has started.
  - I've considered getting financial advice to help work out if cancellation is right for me.
- A photocopy of this authorisation is as valid as the original.
- Any change in cover will start from the later of the date it's accepted by the Insurer (as long as my employer is paying contributions) or, I've received confirmation that my cover has started or restarted, and hasn't stopped (depending on the plan I belong to). Please refer to the *Insurance in your super* guide for my division at **australiansuper.com/InsuranceGuide** for details.

Sign here:

Date

D D M M 2 0 Y Y

Print full name

Save form | Print form | Clear form

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 26/50 Lonsdale Street, Melbourne, Victoria, collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator, 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. A list of countries can be found at the URLs below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to **australiansuper.com/CollectionStatement** and a**ustraliansuper.com/privacy** or call us on **1300 300 273**.