

The duty to take reasonable care

When applying to increase your Income Protection after a salary increase 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 section 5 of this form (page 4). Ensure you consider the answers you've given before you sign and submit this application to us.



Go online

Did you know that you complete this application online anytime by logging into your account and going to *Insurance*, *Manage insurance*, *Change cover* and selecting *Salary increase*.



Complete this form to apply to increase your Income Protection when your salary increases. You can also apply to change your individual work rating.

Check your eligibility

If **ALL** of the following statements are true and correct, you're eligible to use this form.

- ☐ **1. You're in the AustralianSuper plan or Super Options division**
Check the division you're in by logging into your account online and going to *Insurance*. If you're in the Personal Plan division you can't apply to increase your Income Protection using this application.
- ☐ **2. You're employed or self-employed**
To increase your Income Protection, you'll need to be employed (full time, part time or casual) or self-employed.
- ☐ **3. You already have Income Protection with AustralianSuper**
If you don't have Income Protection with us, you can't use this application to apply for new cover.
- ☐ **4. Your salary increase (or notification) occurred within the last 90 days**
To be eligible to apply, you'll need to submit your application within 90 days from the date of your salary increase, or the date you were notified of your salary increase (whichever is later).
- ☐ **5. You can provide evidence of your salary increase**
You'll need to provide two consecutive payslips (one payslip showing your previous salary and the other your new salary).
- ☐ **6. You haven't made a salary increase application in the last 12 months**
You can only apply for more Income Protection using this application once every 12 months.
- ☐ **7. Your total Income Protection with AustralianSuper doesn't exceed the maximum cover amount**
Your total Income Protection can't exceed \$20,000 a month or 85% of your salary¹, whichever is lower.

If you're not eligible to increase your cover using this form, you may still be able to apply for more cover by logging into your account and going to *Insurance* or using the *Change your insurance* form at australiansuper.com/InsuranceForms

Important information about your application



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

Your cover will be limited cover if you haven't been in active employment for 60 consecutive days, ending on the date your cover increased, and will have the same exclusions and other special conditions that apply to your existing cover, if any.

The cost of your cover will be deducted monthly from your super account. You'll need to have enough money in your super account to cover the cost of your insurance.

If you have Income Protection and are eligible to make a claim, your benefit payments may be reduced by income you receive from other sources. See the *Insurance in your super* guide at australiansuper.com/InsuranceGuide for examples.

Go to australiansuper.com/ChangingCover to understand how the Insurer considers your application.

¹ Annual before-tax salary earned from your regular job(s), excluding Superannuation Guarantee (SG) contributions. 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

Salary increase application



Please complete in pen using CAPITAL letters. Print (X) to mark boxes where applicable. Read the Privacy Collection Statement on page 4 to see how AustralianSuper uses your personal information.

1 Your personal details

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

☐ Employed (full time/part time) ☐ Casual ☐ Self-employed ☐ Home duties ☐ Retired ☐ Unemployed

If you've selected home duties, retired or unemployed, you can't increase your Income Protection.

Annual (before-tax) salary excluding Superannuation Guarantee (SG) contributions¹ \$, , . 0 0

¹If 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

2 Personal statement

Complete all questions in this section. If you answer **Yes** to any of the personal statement questions from 1 to 5a below, you're not eligible to increase your Income Protection using this application.

- Are you waiting for any test results, or do you have any medical investigations (for example a blood test, x-ray, ultrasound, biopsy, etc.), medical procedures or surgeries planned (this includes where you may be on a waiting list)? Yes ☐ No ☐
- Have you been diagnosed with an illness or injury, which, in the opinion of a medical professional, is terminal or may result in you having a limited time to live? Yes ☐ No ☐
- Do you have any mental or physical health conditions which your medical practitioner or specialist considers may result in you having to stop work for 10 or more consecutive days within the next 12 months? Yes ☐ No ☐
- In the last 12 months, have you, due to illness or injury (including mental or physical health conditions), been prevented from performing your usual occupational duties partially or completely, for 10 or more consecutive days? Yes ☐ No ☐
- Are you in the process of lodging a claim, or are you currently on claim (whether or not you have received any payment) for a benefit in connection with an illness or injury (including mental or physical health conditions) from any of the following sources:
 - AustralianSuper or another super fund,
 - workers' compensation,
 - a Motor Vehicle Accident scheme,
 - a disability benefit or pension (for example Disability Support Benefit or Veterans' Affairs Disability Compensation Pension), or
 - any other insurance policy providing accident or illness benefits?Yes ☐ No ☐

2 Personal statement (continued)

5b. Have you ever made a claim (including claims where you did not receive a benefit payment) for an illness or injury (including mental or physical health conditions) from any of the following sources:

- AustralianSuper or another super fund,
- workers' compensation,
- a Motor Vehicle Accident scheme,
- a disability benefit or pension (for example Disability Support Benefit or Veterans' Affairs Disability Compensation Pension), or
- any other insurance policy providing accident or illness benefits?

Yes ☐ No ☐

If **No**, go to **question 6**. If Yes, go to question 5c.

5c. Does your response solely relate to a past claim which was closed (for example the date your last benefit payment was paid, or the date your claim was withdrawn or declined) more than 5 years ago?

Yes ☐ No ☐

If **No**, you're not eligible use this application. If Yes, go to question 5d.

5d. Have you fully recovered from that mental or physical injury or illness without any ongoing symptoms since your claim was closed?

Yes ☐ No ☐

If **No**, you're not eligible to use this application. If Yes, go to question 6.

6. Are you capable of doing the normal duties of your usual occupation without restriction due to injury or illness, for at least 30 hours a week (even if you're not working 30 hours a week or on employer approved leave)?

Yes ☐ No ☐

If you're not employed (e.g. full time, part time or casual) or self-employed, answer **No**.

If **No**, you're not eligible to use this application. If Yes, go to **section 3**.

3 Increase your Income Protection

Using this form, the maximum Income Protection increase you can apply for with each salary increase is \$1,000 a month.

Total amount of Income Protection you want (in \$100 amounts)

\$, 0 0 a month

It must be greater than your existing cover amount.

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

When you apply to increase your Income Protection, your total cover will be fixed cover (even if you currently have age-based cover).



4 Change your individual work rating (optional)

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. The default individual work rating at AustralianSuper is Blue Collar.

Insurance cover with a Blue Collar work rating is the most expensive.

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 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. 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 ☐

If accepted we'll confirm your new individual work rating in writing and the cost of your cover will be reduced. If your application for a White Collar or Professional work rating isn't accepted - the cost of your cover will be based on your current individual work rating with AustralianSuper.

5 Duty to take reasonable care

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.

6 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).
- AustralianSuper or the Insurer to contact my employer to obtain confirmation of information provided on this form and to obtain copies from my employer and/or union of any relevant documents related to my salary increase.

I declare that:

- I've read and understood the information on this application, 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.
- I've read the Privacy Collection Statement below and I understand how AustralianSuper will use my personal information.

I acknowledge that:

- My eligibility to claim for benefits will be determined in line with AustralianSuper's insurance policy terms and conditions.
- Insurance cover will only be provided in line with the insurance policy terms and conditions as agreed between AustralianSuper and the Insurer. Those terms and conditions may change from time to time and AustralianSuper will notify me of those changes where required by law.
- If the Insurer accepts my application, my Income Protection will be fixed cover (rounded up to the next \$100 a month).
- 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.
- If my application is accepted, my increased cover will be limited cover if I haven't been in active employment for 60 consecutive days, ending on the date my cover increased, and will have the same exclusions and other special conditions that apply to my existing cover, if any.
- Any change in cover that's been accepted by the Insurer will start from the date the application is accepted by the Insurer.
- 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

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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 501,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-document

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

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

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Employer confirmation of salary increase



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

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

1 Employee's details

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

2 Employer's details

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

3 Employee's salary details

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

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

4 Employer declaration

I declare that:

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

Sign here

Date _____

D	D	M	M	Y	Y	Y	Y
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Print full name

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Please upload a scanned copy of your completed form to us via our website at australiansuper.com/email or post it to AustralianSuper, GPO Box 1901, MELBOURNE VIC 3001. Questions? Call **1300 300 273** or visit australiansuper.com