

## 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

Your employer arranges the basic level of cover you receive when you join AustralianSuper Select. Your basic cover is detailed in the AustralianSuper Select booklet for your employer.

#### 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 for AustralianSuper Select members and the AustralianSuper Select booklet for your employer, available at [australiansuper.com/select](http://australiansuper.com/select). They detail important information about insurance, including costs, your eligibility for cover, how much you can apply for, what you're covered for, when it starts and stops, active employment, limited cover and exclusions, your insurance options, and what happens if you leave your employer.
- Use our insurance calculator at [australiansuper.com/InsuranceCalculator](http://australiansuper.com/InsuranceCalculator) to work out how much cover you might need (if any).
- Check if you may be eligible to apply for a different individual work rating by answering a few questions at [australiansuper.com/WorkRatingTool](http://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](http://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 style="background-color: #fff9c4; padding: 5px;">                     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 for AustralianSuper Select members 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 basic 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.



### 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
Basic cover	Check the AustralianSuper Select booklet for your employer for basic cover details.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed cover <sup>1</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"/>
Basic cover + extra (fixed) cover	You'll have a combination of basic cover plus an extra amount of fixed cover.	<input checked="" type="checkbox"/>	n/a

<sup>1</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 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.** As an AustralianSuper Select member, you have both an individual work rating and a category work rating. Your individual work rating is our default work rating, Blue Collar (unless you've already applied to change it). Your category work rating is arranged by your employer.

If your category and individual work ratings are different, we'll apply the work rating that's less expensive to calculate the cost of your cover. So while you're with your AustralianSuper Select employer, you may be able to pay less for your cover because the individual work rating that's right for you could be less expensive than your category work rating.

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> \$ , , .

Main occupation/Job title

How many hours do you work in a typical week?  hours a week

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

## 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).

### Does your employer pay for your basic cover?



If your employer pays for basic Death and/or TPD cover and you:

- Add an extra amount of fixed cover on top of your basic cover – the cost of the additional cover is deducted from your super account monthly.
- Fix your total amount of cover (to reduce, increase or change from basic to fixed cover) – your employer will stop paying for that cover and we'll deduct the total cost from your super account monthly. If you decide to apply for more cover in the future, you'll need to provide detailed health information for the Insurer to consider.

Check the AustralianSuper Select booklet for your employer at [australiansuper.com/select](https://australiansuper.com/select) to understand your cover terms and conditions.

You can:

- apply for basic cover
- apply for or change your fixed cover amount (includes switching your basic cover to fixed cover), or
- apply for or change your extra (fixed) cover.

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 for AustralianSuper Select members.

**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) Basic cover	<input checked="" type="checkbox"/> Basic Death <input checked="" type="checkbox"/> Basic TPD	Check the AustralianSuper Select booklet for your employer for details about your basic cover.	
b) Fixed cover Use this option to convert basic cover to fixed cover	<input checked="" type="checkbox"/> Fixed Death	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Write the amount you want (this could be more, less or the same as what you already have). This amount will replace any basic cover you have. If you just want to add extra (fixed) cover to your basic cover, fill in section (c).
	<input checked="" type="checkbox"/> Fixed TPD <sup>1</sup>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
c) Extra (fixed) cover	<input checked="" type="checkbox"/> Extra Death	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 basic cover. If you don't want any basic cover, fill in section (b) instead.
	<input checked="" type="checkbox"/> Extra TPD <sup>1</sup>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<sup>1</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 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).

### Does your employer pay for your basic cover?



If your employer pays for your basic Income Protection and you change your cover amount, benefit payment period or waiting period, they'll stop paying for your Income Protection. We'll deduct the total cost from your super account monthly.

Check the AustralianSuper Select booklet for your employer at [australiansuper.com/select](https://australiansuper.com/select) for specific details of the basic cover arranged for you by your employer. It also includes the insurance costs that you or your employer pay for.

## 7 Income Protection (continued)

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 for AustralianSuper Select members.

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 your Income Protection is salary based or age based and you apply to change it to a fixed amount of cover, the total amount stays the same unless you apply to change it again (even if your employer tells us about any salary changes or you get older).

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. Your employer may have arranged a tailored definition of salary, check the AustralianSuper Select booklet for your employer.

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 for AustralianSuper Select members.



### 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 checked="" type="checkbox"/> Basic Income Protection <sup>1</sup>	Check the AustralianSuper Select booklet for your employer for details about your basic cover.
<b>OR</b>	
<input checked="" type="checkbox"/> Fixed Income Protection (or convert basic Income Protection to fixed Income Protection)	\$ <input type="text"/> <input type="text"/> , <input type="text"/> 0 <input type="text"/> 0 a month Write the amount you want (this could be more, less or the same as what you already have). This amount will replace any basic cover you have.

The cost of your Income Protection will depend on your benefit payment period and waiting period (as well as other factors). For more information and the different costs check the AustralianSuper Select booklet for your employer.

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.

If your employer pays for your Income Protection and you change the benefit payment period or waiting period, they won't pay for it (even if you keep the same cover amount). You'll have to pay for the total cost of your Income Protection.



<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>2</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 or the benefit payment period under your employer arrangement.	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65 <input type="checkbox"/> No change from my employer arrangement
<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 or the waiting period under your employer arrangement. 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 <input type="checkbox"/> No change from my employer arrangement



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

<sup>1</sup> Check the AustralianSuper Select booklet for your employer to see if your employer has arranged basic Income Protection. It may be provided under a separate insurance policy held by your employer. Speak to your employer before applying for it with AustralianSuper. If your employer hasn't arranged basic Income Protection, you won't get any cover by selecting this cover option.

<sup>2</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](http://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 basic 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 including basic 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:
- a) Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder? Yes  No
- b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes  No
- c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, urinary bladder, prostate, ovaries or uterus? Yes  No
- d) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes  No
- e) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind? Yes  No
- f) Drug dependence or overuse (either prescribed or non-prescribed), or alcohol dependence or overuse? Yes  No
- g) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)? Yes  No
- h) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery), or impaired speech or hearing (including tinnitus)? Yes  No
- i) The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes  No
5. **Apart from any condition already disclosed**, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)? Yes  No
6. **Apart from any condition already disclosed**, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? Yes  No
7. **Apart from any condition already disclosed**, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours a week), even if your actual employment is on a part-time or casual basis? Yes  No

## 8 Health questions (continued)

8. **Apart from any condition already disclosed**, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? Yes  No

If you answer **Yes** to question 9 below, you'll also need to complete a specific health questionnaire in **section 14**.

9. Have you ever received medical advice or had any investigations or treatment (including surgery) for any of the following conditions:
- a) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? Yes  No
- b) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout? Yes  No

## 9 Doctor details

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

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

Full name of doctor or medical centre

Street address

Suburb

State

Postcode

Telephone

Fax number

## Part Two: Detailed Health Statement

The Insurer may require medical evidence based on your age, amount of cover or health history. This may involve a medical exam or test which the Insurer will pay for.

**Complete the next three sections (10, 11 and 12) if you answer Yes to any of the questions below:**

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

If you answer **No** to all of the above questions, please read, then sign and date the Authorisation, declaration and acknowledgement in section 15.



If you answered **Yes** to certain questions in section 8, you'll also need to complete the health questionnaires (section 13 and/or 14). Go to section 8 to check.

## 10 Activities and pastime details

Do you currently engage in or intend to engage in any pastime and/or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? For example:

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



## 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?





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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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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
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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).




## 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:	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Have you had any residual, ongoing effects or restrictions as a result of this condition? If <b>Yes</b> , please provide details and dates:	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Date from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Is your treating doctor different from your usual doctor? If <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

- a) Name of condition
- b) Have you been diagnosed within the last 12 months? Yes  No
- c) Frequency of symptoms in the last five years:  
 Daily   
 Weekly   
 Occasionally   
 One-off episode   
 None - childhood only
- d) Severity of symptoms in the last five years:  
 Nil symptoms - childhood only   
 Mild ie exercise-induced only, seasonal (related to hay fever allergy, colds or flu)   
 Moderate (ie all year round, specific triggers)   
 Severe (ie constant, reduced lung capacity, restriction of lifestyle or work duties)
- e) Have you required over the last five years:  
 Daily preventative inhalers, such as ventolin Yes  No   
 Occasional use of a nebuliser or oral steroid medication eg prednisolone Yes  No   
 Hospitalisation/emergency treatment Yes  No
- f) Maximum number of consecutive days off work/school you've had over the last two years due to this condition:  
 Number of days
- g) Is your treating doctor different from your usual doctor? Yes  No   
 If **Yes**, please complete details below:  
 Full name of doctor  
  
  
 Street address  
  
  
 Suburb  State  Postcode   
 Phone number   
 Fax number

### B. Joint/musculoskeletal questionnaire

If applying for Death cover only complete questions a) and b) only.  
 If applying for TPD cover or Income Protection, complete all questions.

- a) Nature of complaint (doctor's diagnosis), ie sciatica, back pain, broken bone
- b) Location of complaint, eg lower back, right knee, sciatic nerve
- c) When did symptoms first begin?
- d) Cause of condition, eg lifting, car accident, fall in workplace, unknown
- e) Was an x-ray or scan taken?  
 No  Go to question f)  
 Yes  Complete below  
 Date of x-ray/scan taken   
 Details of results of x-ray/scan taken
- f) Is the nature of the condition degenerative or a disc problem? Yes  No
- g) Are you still undergoing treatment or experiencing symptoms? Yes  No   
 If **No**, complete below:  
 Date symptoms ceased   
 Date treatment ceased
- h) Have you ever been off work as a result of this complaint or been unable to perform your normal day-to-day activities? Yes  No   
 If **Yes**, please indicate period/s off work:  
 Date from   
 Date to
- i) Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes  No   
 If **Yes**, please provide dates and details
- j) Is your treating doctor different from your usual doctor? Yes  No   
 If **Yes**, complete below:  
 Full name of doctor  
  
  
 Street address  
  
  
 Suburb  State  Postcode   
 Phone number   
 Fax number

