



20 April 2019

Insurance application – top-up default

Please use this form if you would like to top-up your current default insurance cover of \$3 per week Death and TPD cover and/or \$2,000 per month, 90 day waiting period, 2 year benefit period income protection cover.

The top-up default options must be exercised within 120 days of joining your employer.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where applicable.

Step 1: Member details

Account number (if known)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Email

Date of birth / / Gender Male Female

Occupation

Step 2: Top-up default insurance cover

Death and TPD

Do you require additional Death and TPD cover above the default level of \$3 per week? Yes* No

If Yes, please select the amount of Death and TPD cover required.

\$4 per week \$5 per week \$6 per week

Income protection

Do you require additional income protection cover above the default level of \$2,000 per month with a 90 day waiting period and a 2 year benefit period? Yes* No

If Yes, please select the amount of income protection cover required.

- \$4,000 per month with a 90 day waiting period and a 2 year benefit period
- \$5,000 per month with a 90 day waiting period and a 2 year benefit period
- \$6,000 per month with a 90 day waiting period and a 2 year benefit period

* if you have selected Yes, for additional Death and TPD and/or income protection cover, you **must complete** Step 3: Qualification questions.

Step 3: Qualification questions

1 Please complete either a, b or c, as applicable.

a For an employed person

i) Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness or injury, even if your actual employment may be full-time, part-time or casual?

Yes No

b For an unemployed person whose sole occupation is NOT the performance of unpaid domestic duties

i) Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience?

Yes No

c For an unemployed person whose sole occupation is the performance of unpaid domestic duties

Are you

i) unable to fully perform your unpaid domestic duties due to illness or injury;

ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or

iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiatives?

Yes No

2 Have you, in the last 12 months been absent from work or unable to fully perform

i) the duties of your usual occupation (whether employed or unemployed); or

ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to illness or injury (other than cold or flu) for more than six days?

Yes No

3 Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes No

4 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes No

5 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes No

6 Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through the Plan, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes No

7 Have you successfully applied for an increase in death or death and Total and Permanent Disablement cover due to a Life Event in the last 12 months from the date of this application?

Yes No

Note: If you answered Yes to any of the above questions, you are not eligible to increase your cover using this form. You may still apply to increase your existing cover by completing an Application for Insurance form which is available from our website or by contacting our client services team.

Step 4: Your duty of disclosure

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 their 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 the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them 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, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they 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 them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

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

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

Step 5: Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL Privacy Policies available at www.ioof.com.au/privacy (IIML) and www.tal.com.au/en/privacy.aspx (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

Telephone 1300 209 088
Fax 02 9465 2065
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

Step 6: Member declaration

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 4 and understand that this duty also applies until formal notification of acceptance. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TAL to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as valid as the original.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF Employer Super's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

Insurance opt-in

- I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member signature

Date

 / /

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, GPO Box 264 Melbourne VIC 3001
Email employersuper@ioof.com.au
Fax 03 6215 5933

Enquiries

Telephone enquiries 1800 333 500
Email enquiries employersuper@ioof.com.au