IOOF

EMPLOYER SUPER

1 July 2022

Application for Insurance (Incorporates personal health statement)

IOOF Employer Super members

To top-up your insurance cover using our life events feature please complete the 'Insurance application – life events and salary increase' form available on our website or by contacting ClientFirst.

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

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.

Step 1: Applicant details

Account number (if known)

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

Given name(s)

Email

Date of birth / / Gender Male Female

Note: If you have not disclosed a gender or are gender indeterminate, you will be provided with premium rates under the default gender of male. This will apply for Death/TPD and Income Protection cover.

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone (work) Phone (mobile)

Best time to call : until :

How many hours do you work per week? hours per week*

* To apply for income protection cover, you must be working 15 hours or more per week.

Do you intend to change your occupation in next the 12 months? Yes No

What is your annual salary/remuneration** package (gross)? $

** Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the **IOOF Insurance guide (IOF.03)** available on the IOOF website (www.ioof.com.au).

Are you self-employed? Yes No

Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

This is an application for

☐ IOOF default or Employer customised insurance

☐ New cover

☐ Increase/decrease of existing Death or Death and TPD cover

		Fixed dollar cover
☐ Total new Death cover	$	
☐ Total new TPD cover	$	

Please note: TPD cover is unavailable without death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

		Fixed premium cover per week (such as $1, $2, other)
OR ☐ Death only cover	$	
OR ☐ Death and TPD cover	$	

Step 3: Income Protection cover

Please complete Step 3 to apply for, or increase/decrease your existing Income Protection cover.

This is an application for

☐ Employer customised insurance

☐ New cover

☐ Increase/decrease of existing Income Protection cover

Please note: You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary not exceeding $30,000 per month.

Specify cover required (mandatory information)

Income level (% of your salary)	☐ 75%	☐ Other		up to 75%
Waiting period (days)	☐ 30	☐ 60	☐ 90	
Benefit payment period	☐ 2 years	☐ 5 years	☐ to age 65	

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit?	☐ Yes	☐ No	
Income level (% of your salary)			% (up to 10% of your salary)

For more information see the **IOOF Insurance guide (IOF.03)** available on the IOOF website (www.ioof.com.au).

Step 4: Personal health statement

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

If you have answered Yes, how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco? ☐ Yes ☐ No

If you have answered Yes, please specify the type of substance.

3 Do you consume alcohol? ☐ Yes ☐ No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units)
Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, glass of beer (285ml)

b Type of alcohol

4 Height in centimetres cm

5 Weight in kilograms kg

Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

Activities

9 Do you currently intend to participate in any of the following activities?

a Aviation other than as a fare paying passenger on a commercial airline ☐ Yes ☐ No

b Any activity generally classified as hazardous or extreme in nature (such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving) ☐ Yes ☐ No

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

Residence and travel

10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? ☐ Yes ☐ No

If you have answered yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11 Are you an Australian or New Zealand citizen? ☐ Yes ☐ No

If you have answered yes, please go to Previous Insurance section of the form

12 Do you hold an Australian Permanent Resident's Visa? ☐ Yes ☐ No

If you have answered no, please provide your residency details below

Previous Insurance

13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the Insignia Financial Group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits? ☐ Yes ☐ No

14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused? ☐ Yes ☐ No

15 Do you have, or are you applying for, any other life or disability cover? ☐ Yes ☐ No

If you answered yes to question 13, 14 or 15 above please provide full details below

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/ exclusion/declined	To be replaced? (Yes/No)

Medical

16 Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you answer yes to any of the following questions, please complete the table on the following page.

a	Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder or rheumatic fever	☐ Yes	☐ No
b	Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis	☐ Yes	☐ No
c	Impairment of sight, hearing or speech	☐ Yes	☐ No
d	Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate, gall bladder or thyroid problem	☐ Yes	☐ No
e	Leukaemia, hepatitis, hemochromatosis or any blood problem	☐ Yes	☐ No
f	Asthma, bronchitis or other respiratory disorder	☐ Yes	☐ No
g	Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis	☐ Yes	☐ No
h	Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder	☐ Yes	☐ No
i	Cancer, tumour, melanoma, sun spot, mole or growth of any kind	☐ Yes	☐ No
j	Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse	☐ Yes	☐ No
k	Psoriasis, eczema or any skin problem	☐ Yes	☐ No
l	Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury	☐ Yes	☐ No
	Females only	☐ Yes	☐ No
m	Gynaecological conditions (such as endometriosis, abnormal pap smear)?	☐ Yes	☐ No
n	Complications of pregnancy or childbirth?	☐ Yes	☐ No
o	Are you currently pregnant? If you have answered yes, when is the expected delivery?	☐ Yes	☐ No
p	Breast lump (even if you have not seen a doctor about it)?	☐ Yes	☐ No

Other medical (both males and females to complete)

q	Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication)	☐ Yes	☐ No
r	Apart from the questions a to q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned?	☐ Yes	☐ No

Please provide details for all Yes answers in questions 16a to 16r in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16a)			
Question no:	**Q16__**	**Q16__**	**Q16__**	**Q16__**
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/ moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				

s Name and address of your usual doctor. Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing medical information authority"

t Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

u If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

Family history

17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65? ☐ Yes ☐ No

18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	**Current age**	**Details of illness or disorder**	**Age at diagnosis of illness or disorder**

Lifestyle

19 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? ☐ Yes ☐ No

Work health history

20 Are you, at the date of this application, due to injury, accident or illness:

a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis? ☐ Yes ☐ No

b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years? ☐ Yes ☐ No

Step 6: 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/privacy-policy (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 9448 9100
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

Step 7: Member/Applicant declaration and signature

- I acknowledge that I have read the notice explaining the duty to take reasonable care.
- I confirm I have read and checked any answers, including those 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 complete.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS **and this application** and I consent to my personal information (including health and sensitive information where authorised and required) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors **as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application.**
- I have read and understood the PDS and understand that if this application is accepted, my new or updated cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than $6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of The Fund's insurance policy with TAL.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

Member/Applicant signature

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.

Signature _____ Date ____ / ____ / _____

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

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