



# Insurance Tele Interview Request Form

- **IOOF Employer Super** .
- **IOOF** Personal Super •

This form should be used by a new or existing member (Applicant) of IOOF Employer Super or IOOF Personal Super to apply for insurance over the telephone. The Applicant will be guided through an insurance application by a TAL Tele Service Consultant at a scheduled time, which takes between 15-30 minutes, depending on any disclosures the individual Applicant may have.

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

# **Step 1: Applicant details**

#### New member Existing member Account number (to be completed by Existing Members only) Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Residential address Suburb State Postcode Email Date of birth Gender Male Female Are you an Australian resident? Yes No **Tele Interview Request details** Phon

### Are you applying as a New Member or an Existing Member?

Phone (bh)		Mobile			
Best day to call		Best time to call			
(Monday – Friday)		(8:30am – 4:00pm)	·	am to	·

pm

#### **Occupation details**

Occupation details																								
Employer's name																								
Occupation Annual salary/remuneration package (gross)* \$																								
* This comprises your current annual wage 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.																								
Employment status Part time Hours worked per week (less than 15 hours)* Full time Hours worked per week (15 hours and over) Casual/Contractor Other Other																								
* To be eligible to apply for inco	ome pi	rotec	tion y	ou m	iust k	pe per	man	ently	' emp	oloye	d anc	l wor	king r	more	thar	n 15 h	ours	per w	veek.					
Please provide details of you	ır dail	y du	ities	(eg,	cleri	cal, li	ight	mar	nual,	COU	Inter	sale	es, m	anu	al w	ork,	etc.)			 	 	 		
										·					·					 				

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

Do you have existing Death or Death & TPD cover with TAL?

	No		
	Yes. If yes, what is your existin	ng si	um insured?
	Death cover	\$	
	Death and TPD cover	\$	
01		-	

Please specify the total amount of cover you wish to apply for (including any existing cover):

#### Fixed dollar cover

Total Death cover	\$	OR	\$	:	
Total Death and TPD cover	\$	OR	\$	:	

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

## Step 3: Income protection cover

Do you have existing Income Protection with TAL?

	No								
	Yes. If yes, what is your existing cover?								
	Income level (% of salary)								
	Waiting period (days)								
	Benefit payment period								
Doy	Do you wish to apply for income protection?								

No (go to Step 4)
Yes

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

### Specify cover required (mandatory information)

Income level (% of salary)	50% 66 <sup>3</sup> % 75% Other	(up to 75%)
Waiting period (days)	30 60 90	
Benefit payment period	2 years 5 years to age 65	

### Specify cover required (mandatory information)

Would you like the Superannuation Contributions benefit?	Yes	No	
Income level (% of salary)			% (up to 10% of your salary)

# Step 4: Financial Adviser details

Adviser number		
Name		
Phone (bh)	Mobile Mobile	
Email		

#### Please send the completed form directly to TAL Life Limited

Email grouptele@tal.com.au

**Fax** 02 9465 2065

Post GPO Box 5380, Sydney, NSW 2001

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