

Insurance application or variation

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an **X**

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First name/s

Male

☐

Female

☐

Date of birth (DD/MM/YYYY)

 / /

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - DEATH COVER AND TOTAL & PERMANENT DISABLEMENT COVER

You can apply for Death Only Insurance or Death and Total & Permanent Disablement (TPD) Insurance.

If you meet the eligibility criteria for cover, you will receive Basic Death and TPD cover.

If you apply within 6 months of Basic Cover commencing, you may have the option of electing a fixed level of Death and TPD cover up to the Automatic Acceptance Limit (AAL) of \$700,000, by completing up to section 6, then 8 - 10.

Alternatively, if you apply outside of the 6 month period, or wish to apply for cover outside of the AAL, please complete up to section 4, then section 6 onwards.

Please read the Product Disclosure Statement and Insurance Guide for the full details relating to Death and TPD cover

Fixed Cover

You may nominate a fixed amount of insurance in multiples of \$1,000 for Death only cover or Death and TPD.

Amount of fixed cover required \$ for ☐ Death and TPD **OR** ☐ Death only

SECTION 3 - INCOME PROTECTION INSURANCE

Income Protection cover protects you by providing an income if you are unable to work through illness or injury.

If you meet the Eligibility criteria for cover, you will receive Basic income protection cover. This covers you for 85% of your Insured Salary (to a maximum of \$3,000 per month) with a 90 day waiting period and a benefit of two years.

If you apply for insurance within 6 months of commencing membership to the fund, you have the option of selecting a Benefit Period of 5 years, reducing your Waiting Period or increasing your cover up to the Automatic Acceptance Limit (AAL) to \$5,000 per month, by completing up to section 6, then 8 - 10.

Alternatively, if you apply outside of the 6 month period, or wish to apply for cover outside of the AAL, please complete up to section 4, then section 6 onwards.

Please read the Product Disclosure Statement and Insurance Guide for the full details relating to Income Protection cover.

a) Select your waiting period:

☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ 1 year ☐ 2 years

b) Select your benefit period:

☐ 2 year ☐ 5 year ☐ To age 65 (requires underwriting, please complete section 7 - Personal health statement)



SECTION 4 - EMPLOYMENT INFORMATION

Current employer:

Occupation:

Occupation duties and percentage of time in each:

Cash salary* = (cash salary = annual salary excluding super or any non-cash benefits)

\$

*Refer to the Insurance Guide for a full definition of cash salary.

What is your employment status?

☐ Full time ☐ Part time ☐ Casual ☐ Self employed



Please note: If you make a claim, the salary level used to calculate your entitlement will be the lesser of your salary at the date of disablement/death OR 110% of the most recently advised salary.

SECTION 5 - AUTOMATIC ACCEPTANCE CRITERIA - TO BE COMPLETED BY NEW MEMBERS

a) If you are applying for income protection insurance, are you employed casually, are self-employed or a contractor?

☐ Yes ☐ No

b) Have you chosen Income Protection cover to age 65?

☐ Yes ☐ No

c) Are you age 60 or over?

☐ Yes ☐ No

d) Have you been a member of the Fund for more than 6 months?

☐ Yes ☐ No

e) Since joining the Fund have you cancelled your insurance?

☐ Yes ☐ No

f) 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 a 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

g) 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

h) Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?

☐ Yes ☐ No

i) 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 10 days?

☐ Yes ☐ No

j) Are you currently off work due to injury or illness or incapable of actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis?

☐ Yes ☐ No

k) In the last 3 years have you had symptoms of, or received medical advice or treatment (including surgery) for any of the following:

- Any circulatory disorder (e.g. heart attack or stroke); or
- Paralysis or multiple sclerosis; or
- Any mental health or nervous condition; or
- Diabetes or sugar in urine; or
- Any form of cancer, including skin cancer and leukaemia.

☐ Yes ☐ No

If you answered 'Yes' to question 'a' above you are not eligible for Income Protection Insurance under Automatic Acceptance.

If you answered 'Yes' to any of the questions from 'b' to 'k' above, please complete Section 7: Personal Health Statement.



If your Employer has nominated WA Super as their default fund and this application is greater than 6 months from the date you commenced employment with that employer or if you joined the fund as a Public Offer member, then Limited Cover will apply.

Limited Cover means you are not covered for pre-existing conditions for a period of 12 months. This criteria is assessed at the time a claim is made. If limited cover is inadequate for you, please complete Section 7: Personal Health Statement. There are other eligibility criteria which apply to automatic acceptance, please refer to the PDS and Insurance Guide for further details.



SECTION 6 - 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, that 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.



SECTION 7 - PERSONAL HEALTH STATEMENT - TO BE COMPLETED BY EXISTING MEMBERS OR NEW MEMBERS OUTSIDE AAL.

If you are outside the Automatic Acceptance Limit (AAL) criteria, you must complete this section. Please be aware that our insurer may require further information, in addition to that provided below. If you are unsure if AAL applies to you, please review the PDS and Insurance Guide for further details or contact the Fund.

- a) Do you drink alcohol? If yes, state your number of standard drinks per day and type of alcohol?
☐ Yes ☐ No _____ per day and type consumed is _____
- b) Have you smoked in the past 12 months? If yes, state your daily quantity and type?
☐ Yes ☐ No _____ per day and type consumed is _____
- c) What is your height? d) What is your weight?
 cm kg

Please answer 'YES' or 'NO' for each of the following questions:

1. Have you ever had, been told you had, received advice or treatment for any of the following?

a) High blood pressure, raised cholesterol, chest pain, heart attack, stroke or circulatory disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Bowel, stomach or intestinal problem, hepatitis, gallbladder or liver disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Epilepsy, paralysis, multiple sclerosis or fainting attacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Depression, anxiety, panic attacks, stress, chronic fatigue or any mental or nervous condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Diabetes, sugar in urine, pancreatic or thyroid problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Disease or disorder of joints, spine or bones, gout, arthritis or a repetitive strain injury or tendonitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Impairment of sight, hearing or speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Asthma, bronchitis, sleep apnoea or any lung complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) Leukaemia, hemochromatosis, anaemia or any blood problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k) Kidney, prostate or bladder problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l) Psoriasis, eczema or any skin problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever used or injected yourself with any drug not prescribed by a doctor or received counselling or treatment for the use of alcohol or drugs? ☐ Yes ☐ No
3. To the best of your knowledge, do you, or any of your current or past sexual partners have HIV/AIDS and do you or have you engaged in any activity/ies reasonably accepted as having an increased risk of exposure to HIV/AIDS? ☐ Yes ☐ No
4. Within the last 5 years have you consulted, been examined, treated by or received advice from any doctor, psychologist, psychiatric counsellors, chiropractor, physiotherapist or any other health care professional (e.g. naturopath), been in hospital or been advised to have an operation? (not including advice or treatment for minor viral infections, colds and influenza) ☐ Yes ☐ No
5. Within the last 5 years have you had an ECG, ultrasound, X-ray, transfusion, mammogram or any other investigation? ☐ Yes ☐ No
6. Within the last 5 years have you had any blood tests which revealed an abnormality (e.g. raised blood sugar, liver function or kidney function results or anaemia)? ☐ Yes ☐ No
7. Has any of your immediate family (living or deceased) before the age of 60 suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea or any other hereditary disease? ☐ Yes ☐ No
8. Do you contemplate seeking any medical examination, advice, treatment or surgery for any other current health condition, in the future? ☐ Yes ☐ No

If you have answered YES to any of the above questions please provide details on the following page; if there is insufficient space please attach further information to the form.

If you have answered NO to all these questions, please proceed to sections 8 to 10.



SECTION 7 - PERSONAL HEALTH STATEMENT CONTINUED

Question number:			
Specific condition:			
Date symptoms first started and description of symptoms			
What was the condition and which part of the body was affected?			
What was the medical diagnosis including results of x-rays and investigations			
What was the frequency (daily, weekly etc) of attacks or symptoms?			
What was the severity (mild/moderate/severe) and duration of attacks or symptoms?			
How long were you unable to work or perform your normal duties/activities?			
If a hospital visit was required, please provide date and duration of your stay			
What advice/treatment did you received?			
Are you still receiving treatment? If so, please advise nature and frequency of treatment.			
When did you last suffer any symptoms?			
Degree of recovery? (%)			
Please supply the name and address of all doctors or hospitals or other consultants:			

9. Have you ever held or applied for, any life, disability, trauma or accident and sickness insurance, that was declined, or modified in any way, or have you claimed on any type of disability, trauma, sickness and accident or workers compensation policy? ☐ Yes ☐ No (go to question 10)

Name of company	Cover type	Sum insured	Date of application	Details of insurance decision/claim

10. Do you currently, or do you intend to engage in, any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding, or rock climbing? ☐ Yes ☐ No (go to section 8)

Activity	Times per annum	Location	Amateur or professional	Maximum depths, heights, speeds, if relevant.

Depending on the nature of the activity TAL may also require a sports/activity questionnaire to be completed. WA Super will contact you should this be requested.



SECTION 8 - YOUR PRIVACY - USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

Your privacy is important to us. The personal information you provide on this form is necessary for us to provide you with the requested products and services, and to manage your claims. You do not have to provide us with your personal information but if you choose not to we may not be able to provide you with the requested products and services.

Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at www.wasuper.com.au/privacy/.

SECTION 9 - OUR INSURER'S PRIVACY STATEMENT

The privacy of TAL Life Limited ("TAL" or the "Insurer") customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; (for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages) to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

SECTION 10 - ELECTION TO KEEP YOUR INSURANCE

Due to changes to the law from 1 July 2019, your insurance cover will cease if your WA Super account remains inactive for more than 16 consecutive months, that is, you haven't had any money deposited into your account during this time.

☐ Please tick this box to elect to retain your current and future insurance cover even when your account is inactive for more than 16 months.

By ticking this box, I elect:

1. to maintain:
 - a) my current insurance cover which may include any or all of Death (including Terminal Illness), Total and Permanent Disablement and Income Protection cover (each one of these is a "benefit"); and
 - b) any new types of insurance benefit I may take-up at any time which forms part of my insurance cover; and
 - c) any further increases or decreases in my cover,in the event that that my account with WA Super ever becomes inactive for a period of 16 consecutive months, because the Trustee has not received any rollovers or superannuation contributions on my behalf; and
2. that the Trustee will continue to maintain and/or take out insurance on my behalf despite my account remaining inactive after this time.

In making this election, I:

1. understand my election will remain indefinite, whilst I remain a member of WA Super unless:
 - a) the election is revoked by me; or
 - b) my account has insufficient funds in which to pay premiums; or
 - c) I am no longer eligible to be covered for insurance with WA Super;
2. understand that the election will also apply to any increases or decreases made to my insurance cover over time, including the take-up of any new benefits that I select;
3. understand that if I make an election my insurance cover will continue even if my account balance remains inactive for 16 continuous months and continues to be inactive after that period, so long as there are funds available in my account to pay the insurance premiums;
4. declare that before making this election I have reviewed my current insurance arrangements, and I am aware of the current level of insurance cover I hold and how much that cover costs; and
5. confirm my details as contained in this election are true and correct.



SECTION 11 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form any previous details and insurance cover will be replaced by this form.
- I acknowledge that the changes requested will become effective when approved by the insurer.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Fund's Trust Deed and Rules in all respects.
- I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked all answers on this form and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I, the applicant, authorise and direct any medical or other practitioner to divulge at any time to the Fund's Insurer 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, or scan of this authority is as 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 or disclosed by the Fund's Insurer or its 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. This consent applies to any health and sensitive information collected on this form or future forms in relation to this insurance.
- I have read and understood the Fund's Privacy Policy (including the Privacy Collection Statement) and the Insurer's Privacy Statement section of this form.

Signature

Date

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